DOC ID ----> 202400201142

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/02/2024	202400201142	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

OXFORD PHYSICAL THERAPY
7567 CENTRAL PARKE BLVD
MASON, OH, 45040

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

2292074

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OXFORD AT WORK

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
TRADE NAME RENEWAL	**202400201142**

Effective Date: 01/02/2024

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of January, A.D. 2024.

Ohio Secretary of State

DOC ID ----> 202400201142

Form 523A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 1/2/2024

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Renewal of Trade Name or Fictitious Name Registration
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

☉ Renewal of Trade Name (172-RNR)	☐ Renewal of Fictitious Name (159-NFR)
Reg. No. 2292074	Reg. No.

Trade Name or Fictitious Name to be Renewed: OXFORD AT WORK

Name of Registrant Renewing Name: OXFORD PHYSICAL THERAPY AND REHABILITATION, INC.

Registrant's Entity Number (if registered with Ohio Secretary of State): 826847

Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1776 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.

Provide the name and address of at least one general partner.

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Renewal must be signed by the registrant or authorized representative of the registrant.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

OXFORD PHYSICAL THERAPY AND REHABILITATION, INC

Signature

PETER ZULIA

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name