



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/24/2024	202417303016	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

HARTVILLE INTERNAL MEDICINE PA
855 W MAPLE ST
HARTVILLE, OH 44632

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1241544

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
HARTVILLE INTERNAL MEDICINE, P.A., INC.

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

Document(s)
REINSTATEMENT

Document No(s):
202417303016

Effective Date: 06/21/2024



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
24th day of June, A.D. 2024.

Ohio Secretary of State

Form 525B Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Require an additional \$160.00)

P.O. Box 1390
Columbus, OH 43216

024 JUN 21 PM 12:19

For screen readers, follow instructions located at this path.

Reinstatement**Filing Fee: \$25****Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

(1) ☐ Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)	(2) ☐ Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S) Cancellation Date The entity was canceled on
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(3) ☒ Reinstatement of a Professional Corporation (for failure to file biennial report(s)) (110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

Name of Entity Charter/Registration Number

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

Reinstatement must be signed by an authorized representative. (see instructions for specific information)

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name