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|------------|--------------|------------------------------------|--------|-------|------|------|
| 01/02/2025 | 202436603898 | Fictitious Name/Cancellation (NFX) | 25.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

AMERGIS HEALTHCARE STAFFING, INC.  
ATTN: JEFF FORNEY  
7223 LEE DEFOREST DR.  
COLUMBIA, MD 21046

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**4816369**

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

**MAXIM HEALTH INFORMATION SERVICES**

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

Document(s)

**Fictitious Name/Cancellation**

Document No(s):

**202436603898**

**Effective Date: 12/31/2024**



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. 2025.

**Ohio Secretary of State**

Docusign Envelope ID: 2131131F-DA0E-49C5-B21B-B895780FD13B  
Form 524A Prescribed by:



Toll Free: 877.767.3453  
Central Ohio: 614.466.3910  
[OhioSoS.gov](http://OhioSoS.gov)  
[business@OhioSoS.gov](mailto:business@OhioSoS.gov)  
File online or for more information: [OhioBusinessCentral.gov](http://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.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## Trade Name or Fictitious Name Registration Update

Filing Fee: \$25

Form Must Be Typed

- ☐ (1) Assignment of Registered Name (116-RNA) ☐ (2) Change of Nature of Business (999-GEN) ☒ (4) Cancellation of Registration (184-RNX)
- ☐ (3) Change of Address for Registrant (176-RNB)
- ☐ (5) Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

24 DEC 31 PM 12:20

|                               |                                   |         |
|-------------------------------|-----------------------------------|---------|
| Trade Name or Fictitious Name | Maxim Health Information Services |         |
| Registration Number           | 4816369                           |         |
| Name of Current Registrant    | Amergis Healthcare Staffing, Inc. | 4312471 |

### Complete the information in this section if box (1) is checked above

|                                                                              |  |       |      |
|------------------------------------------------------------------------------|--|-------|------|
| New Registrant's Name                                                        |  |       |      |
| New Registrant's Charter/Registration/License Number in Ohio (if applicable) |  |       |      |
| New Registrant's Address                                                     |  |       |      |
| Mailing Address                                                              |  |       |      |
| City                                                                         |  | State | Ohio |
| ZIP Code                                                                     |  |       |      |

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name

Address

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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.

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**Complete the information in this section if box (2) is checked**

The general nature of business conducted by the registrant:

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**Complete the information in this section if box (3) is checked**

Registrant's New Address

Mailing Address

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City

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|--|

State

Ohio

ZIP Code

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**No additional information required if box (4) is checked above. Please sign form below.****Complete the information in this section if box (5) is checked**

New General Partner(s) names(s) and addresses

Name

Address

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**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.**

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**

Application must be signed by the registrant or an authorized representative.

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.

Signed by:

Scott Carter

November 20, 2024

Signature

Amergis Healthcare Staffing, Inc.

By (if applicable)

Scott Carter, CFO

Print Name