



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/10/2025	202504102756	FOREIGN LLC - CERTIFICATE OF CORRECTION (LFC)	50.00	0.00	0.00	0.00

Receipt

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

NATIONAL SERVICE INFORMATION, INC.
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
918900

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GHR HEALTHCARE, LLC

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

Document(s)

FOREIGN LLC - CERTIFICATE OF CORRECTION

Effective Date: 02/10/2025

Document No(s):

202504102756



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
10th day of February, A.D. 2025.

Ohio Secretary of State

Form 612 Prescribed by:

Date Electronically Filed: 2/10/2025



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate of Correction
For a Domestic or Foreign Limited Liability Company
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☐ Domestic Limited Liability Company
612-LAC

(2) ☒ Foreign Limited Liability Company
135-LFC

Name of Limited Liability Company

Ohio Registration Number

Name of record to be corrected

Date filed

Or attach a copy of the record as filed.

Specify the inaccuracy to be corrected

Name: GENERAL HEALTHCARE RESOURCES, LLC

Address: 2250 Hickory Road, Suite 240, Plymouth Meeting, PA 19462

Set forth the corrected information

New Name: GHR Healthcare, LLC

New Address: 1 Valley Square, Suite 200, Blue Bell, PA 19422

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

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name