DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/25/2025	202526801102	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

Receipt

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

SAMANTHA BROOKER
CENTER STREET COMMUNITY HEALTH CENT
136 W CENTER STREET
MARION, OH 43302

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5479451

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

MORROW FAMILY HEALTH CENTER

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

Document(s)	Document No(s):
FICTITIOUS NAME REGISTRATION	**202526801102**

Effective Date: 09/25/2025

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 25th day of September, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 9/25/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Name Registration

Filing Fee: $39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☐ Trade Name (167-RNO) Date of first use: _____ MM/DD/YYYY

☒ Fictitious Name (169-NFO)

Morrow Family Health Center

Name being Registered or Reported

CENTER STREET COMMUNITY CLINIC, INC.

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 852095

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Primary Medical and Dental Care

Business address:

76 S MAIN STREET

Mailing Address

City	State	ZIP Code
MT. GILEAD	OH	43338

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

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
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.

CENTER STREET COMMUNITY CLINIC, INC
Signature

CLIFF EDWARDS
By (if applicable)

Print Name

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.