

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
07/25/97

CHARTER NUMBER: FL918900
ROLL AND FRAME: 5949-0260

CORPORATION:

GENERAL HEALTHCARE RESOURCES, INC.

05949-0260

DOCUMENT NUMBER	CODE	FEE
96040847101	96F	176.75
	96P	25.01
	FPP	NO FEE

009731

RETURN TO: GENERAL HEALTHCARE RESOURCES, INC.
527 PLYMOUTH RD #408
PLYMOUTH MTNG PA 19462

TOTAL : 201.76

0304

05949-0261



The State of Ohio

Bob Taft

Secretary of State

FL918900

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filings; that said records show the filing and recording of: 96F 96P FPP

of:

GENERAL HEALTHCARE RESOURCES, INC.

STATE OF INCORP:

TYPE OF LICENSE: SUPPLEMNTL

EXPIRATION DATE: VALID UNTIL CANCELLED FOR FAILURE TO FILE REPORTS

SHRS.AUTH.IN OH: 2,335

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

Recorded on Roll 5949 at Frame 0262 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 29TH day of APRIL ,

A.D. 19 97 .



Bob Taft
Bob Taft
Secretary of State



Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

96040847101
05949-0262

License No. 918900
Approved CC
Date 4-29-97
Fee (\$10 min.) \$201.76

ANNUAL STATEMENT OF PROPORTION OF CAPITAL STOCK

Section 1703.07 Ohio Revised Code
1996 FORM 7

General Healthcare Resources, Inc., a corporation organized under the laws of the State of
Pennsylvania, with its principal office outside Ohio located at
527 Plymouth Rd. Suite 408 Plymouth Mtg. PA 19462
Street Address City State Zip Code
and its Ohio office located at 815 Superior Ave NE Cleveland OH 44114
Street Address City Zip Code

hereby makes the following statement:

- Corporation holds Ohio license No. FL 918900, issued on 9/28/95.
- This report is made as of 12-31-95 and is the ending date of the corporations accounting period and reflects the business transacted in the previous year. (See instruction 3 on reverse side.)

- The book value (exclude goodwill) of Ohio assets is
(See instruction 5 on reverse side.)

- Total business transacted in Ohio last year was

Sum of 3 and 4

- The book value (exclude goodwill) of all assets is

- Total business transacted last year was

Sum of 5 and 6

- a. Number of authorized shares 1,000,000

- b. Number of issued shares 1,000,000

- The name and address to whom statements of fees due may be mailed is (See instruction 6 on reverse side):

General Healthcare Resources Suite 408 527 Plymouth Rd Ply Mtg PA 19462
(Must be a complete street address, including zip code.)

NOTARIZATION

State of _____ County of _____

- John Quirk, being duly sworn, state that I am the

☒ President ☐ Vice President ☐ Secretary ☐ Treasurer

of General Healthcare Resources, INC (Name of Corporation)

and that the foregoing statements are true and correct to the best of my knowledge and belief.

SWORN TO AND SUBSCRIBED IN MY PRESENCE

THIS 1ST DAY OF APRIL, 1996.

(Signature)

Valerie B. Kaine

NOTARY SEAL

My commission expires

NOTARY SEAL (notary)
VALERIE B. KAINE, Notary Public
Whitemarsh, Montgomery Co.
My Commission Expires July 1, 1998

INSTRUCTIONS ON REVERSE SIDE



Bob Taft
Secretary of State
State of Ohio

05949-0263

April 17, 1997

GENERAL HEALTHCARE RESOURCES, INC.
527 PLYMOUTH RD #408
PLYMOUTH MEETING PA 19462

CORRESPONDENCE

Notice is hereby given, pursuant to Section 1703.14 of the Ohio Revised Code, that this office has not received your installment of the foreign corporation license fee for the year 1996 in the amount of \$ 166.75 . This fee is computed from the Annual Statement of Proportion of Capital Stock - also referred to in this office as the Form 7. Please note that the original notice was mailed to the same address as listed above 45 days prior to this notice.

If the installment of the license fee, together with a penalty of fifteen percent (15%) is not paid within thirty days, the license of your corporation to transact business in this State will expire by operation of law. This account will then be referred to the Ohio Attorney General for collection.

Please give your prompt attention to this matter. If you have any questions please contact our Form 7 desk at (614) 466-2342.

Amount Billed:	\$ <u>166.75</u>
15% Penalty:	\$ <u>25.01</u>
TOTAL AMOUNT DUE:	\$ <u>191.76</u>

Certified Mail