

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
08/28/91

H0188-1491

CHARTER NUMBER: RN148305
ROLL AND FRAME: H188-1491

CORPORATION:

MEDICAL DIMENSIONS

DOCUMENT NUMBER

CODE

FEE

91080904601

RNO

20.00

018889

RETURN TO: MEDICAL DIMENSIONS
818 W. MAIN ST.
TIPP CITY, OH 45371

0361

HU188-1492



The State of Ohio

Bob Taft
Secretary of State

RN148305

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: RNO

of:

MEDICAL DIMENSIONS

APPLICANT/ASSIGNEE: HEISER MEDICAL ASSOCIATES, INC.
ADDRESS: 106 AVE. B
GREENVILLE, OH 45331

STATE OF INCORP: OH

DATE OF 1ST USE: 08/01/1991
EXPIRATION DATE: 08/09/1996

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



Recorded on Roll H188 at Frame 1493 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at
Columbus, Ohio, this 9TH day of AUG,
A.D. 19 91.

Bob Taft
Bob Taft
Secretary of State



Form RNO (10/83)

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

H0188-1493

Approved _____
 Date 8/9/91
 Fee \$20.00

TRADE NAME REGISTRATION

Please type or print clearly.

1. The exact form of the name to be registered is: Medical Dimensions

2. The applicant is: (check appropriate box)

- ☐ an individual
☐ a General Partnership
☐ a Limited Partnership; County in which certificate or application of limited partnership is filed is _____
☒ an Ohio corporation, Charter No. 740880
- ☐ a foreign corporation incorporated in the state of _____ holding Ohio license No. _____
☐ an unincorporated association
☐ a Joint Venture

3. The name of the applicant designated on line 2 is: Heiser Medical Associates, Inc.

(NOTE: Where the applicant is a partnership, the name of the partnership must appear on this line.)

4. The business address of the applicant is: 106 Ave B (Street Address)
Greenville Darke Ohio 45331
 (City, Village or Township) (County) (State) (Zip Code)

(NOTE: P.O. Box addresses are not acceptable for cities with populations over 2,000)

5. Complete only if applicant is a partnership:
 NAMES OF ALL GENERAL PARTNERS

COMPLETE RESIDENCE ADDRESS

6. The general nature of business conducted by the applicant under the trade name is: Temporary
Medical Personnel Services and Home Health Services

7. The trade name must be in use prior to filing. The applicant has been using this trade name since: 08 / 01 / 91
 month / day / year

RETURN DOCUMENTS TO:

Mr. Lewis G. Heiser

Medical Dimensions
818 West Main St.
Tipp City, Ohio 45371Phone: (513) 667.7676(513) 547.0531

Jean J. Heiser
 (Signature of Applicant)

SECRETARY / TREASURER
 (Title of signer, if applicant is not an individual)

Medical Dimensions
818 W. Main St.
Tipp City, Ohio 45371

COPY

HC188-1494

Sherrod Brown
Secretary of State
30 East Broad St., 14th Floor
Columbus, Ohio 43266-0418

