



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COF
09/17/2007	200725701170	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

SUMMA HEATH SYSTEM
SCHOOL OF NURSING, RM 408
525 E. MARKET ST, P O BOX 2090
AKRON, OH 44309-2090

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**RN164727**

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

FALLS PAIN MANAGEMENT CENTER

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200725701170

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 13th day of September,
A.D. 2007.

Ohio Secretary of State

Doc ID -->

200719883018



Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN164727**
2. The trade name to be renewed is:
FALLS PAIN MANAGEMENT CENTER
3. The date of original registration is: **November 12, 1992**
4. The applicant is: (check appropriate item)
 - ☒ an individual
 - ☐ an Ohio corporation, Charter Number: 185664
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate/application of limited partnership is filed: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization
5. The name of the applicant designated in item 4 is:
Cuyahoga Falls General Hospital
(Note: When the applicant is a partnership, the name of the partnership must appear on this line)
6. The business address of the applicant is:
1900 23rd Street
(Street address only, P.O. Box not acceptable)
Cuyahoga Falls Summit OH 44223
(City, Village or Township) (County) (State) (Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: _____

2007 SEP 19 17:11:33