



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/06/2008	200828000794	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

**Receipt**

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

COMMUNITY MERCY HEALTH PARTNERS  
ONE SOUTH LIMESTONE, SUITE 700  
PO BOX 688  
SPRINGFIELD, OH 45501

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

894624

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

**THE MERCY FOUNDATION**

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

Document(s)

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT**

Document No(s):

**200828000794**



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 3rd day of October, A.D.  
2008.

Ohio Secretary of State



www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

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

<b>Expedite this Form:</b> (Select One)	
<b>Mall Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 788 Columbus, OH 43216

## STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Nonprofit)  
Filing Fee \$25.00

**RECEIVED**

OCT 03 2008

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<b>(1) Subsequent Appointment of Agent</b> <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	<b>(2) Change of Address of an Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	<b>(3) Resignation of Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete **ALL** of the general information in this section for the box checked above.

Name of Entity The Mercy Foundation

Charter or Registration No. 894624

Name of Current Agent Kim Parks

Complete the information in this section if box (1) is checked.

Name and Address of New Agent Mark S. Wiener  
(Name)  
2615 E. High Street  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Springfield   Clark   Ohio   45505  
(City)   (County)   (State)   (Zip Code)

### ACCEPTANCE OF APPOINTMENT

The Undersigned, Mark S. Wiener, named herein as  
the Statutory agent for, The Mercy Foundation, hereby acknowledges and  
accepts the appointment of statutory agent for said entity.

Signature: Mark S. Wiener

(Statutory Agent)

\* If the entity listed is an Ohio Domestic, the agent must sign the **Acceptance of Appointment**

**Complete the information in this section if box (2) is checked.**

Old Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

New Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

**Complete the information in this section if box (3) is checked.**

Is this agent resigning?

☐ Yes☐ NoCurrent or last known address  
of the entity's principal office  
where a copy of this Resignation  
of Agent was sent as of the date  
of filing or prior to the date filed


(Street)

NOTE: P.O. Box Addresses are NOT acceptable.


(City)

(State)

(Zip Code)

**REQUIRED**Must be authenticated (signed) by an  
authorized representative  
(See Instructions)

Authorized Representative



Date