

DATE: 11/22/2010

DOCUMENT ID 201032300527

DESCRIPTION
DOMESTIC/REINSTATEMENT (REN)

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Receipt

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

M. P. REDDY MD, INC. 1728 CHASE AVENUE CINCINNATI, OH 45233

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

518880

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

M. P. REDDY, M.D., INC.

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

Document(s)

Document No(s):

DOMESTIC/REINSTATEMENT

201032300527



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 19th day of November, A.D. 2010.

Ohio Secretary of State



Form 525B Prescribed by the: Ohio Secretary of State

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

www.sos.state.oh.us Busserv@sos.state.oh.us Expedite this form: (select one) Mail form to one of the following:

PO Box 1390 Expedite

Columbus, OH 43216

*** Requires an additional fee of \$100 ***

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 Columbus, OH RECEN

REIN	IST/	\ΤΕ Ι	MENT
Cil	ina I	=	¢ባደ

NOV 19 2010

	FIIII	ng Fee: \$25	
(CHECK ONLY O	NE (1) BOX)	SECRETARY OF STATE	
(1) Reinstatement of a Nonprofit Corporation		(2) Reinstatement of a Limited Liability Partnership	
(for failure to file a statement of		(for failure to file biennial report(s))	
continued existence)		(112-PLR)	
(109-RENN)		THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT	
		BIENNIAL REPORT(S) AND FILING FEE(S)	
	(3) 🖸 Reinstatement of a	Professional Corporation	
(for failure to file bier		ennial report(s))	
(110-RENP)			
THIS FORM MUST BE ACCOMPANIED		ED BY ALL DELINQUENT	
BIENNIAL REPORT(S) AND FILING FE		EE(S)	
F			
Name of Entity	M P REDDY ME	D, iNC	
Charter/Registration	on Number 5188	880	
Cancellation Date The entity was canc	09/30/10		
By signing and subr	nitting this form to the Ohio Secreta	ary of State, the undersigned hereby certifies that he	
or she has the requi	isite authority to execute this docum	nent.	
REQUIRED	Meddy	11/4/10	
Must be	Signature -	Date	
authenticated			
(signed) by an	M P REDDY ME	ر ·	
authorized	Print Name		

Form 525B

representative (See Instructions)

Signature

Print Name

Page 1 of 2

Last Revised: 12/01/2008

Date