



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/21/2012	201235501477	DISSOLUTION (DIS)	50.00	.00		.00	.00

**Receipt**

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

DAVID J. FREY  
237 MAIN ST  
BATAVIA, OH 45103

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****603799**

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

**CERTIFIED AMBULANCE SERVICE, INC.**

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

Document(s):  
**DISSOLUTION**

Document No(s):  
**201235501477**



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 1st day of February, A.D.  
2013.

Ohio Secretary of State



Form 561 Prescribed by:

**JON HUSTED**  
**Ohio Secretary of State**Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216**RECEIVED**

DEC 03 2012

**SECRETARY OF STATE****Certificate of Dissolution**  
**(For-Profit, Domestic Corporation)**  
**Filing Fee: \$50**

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation Charter Number 

Location of Principal Office in Ohio

  
City  
County  
State

The internet address of each domain name held or maintained by or on behalf of the corporation:

  
  
☒ The corporation did not hold or maintain any domain names.

## Name and address of the Statutory Agent.

Sue Ventura

Name

2417 Gibbs Rd.

Address

Goshen

City

Ohio

State

45122

Zip Code

Please complete this section if the corporation is appointing a new agent.

**ACCEPTANCE OF APPOINTMENT**

The Undersigned, , named herein as the  
Statutory Agent Name

Statutory agent for,   
Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature   
Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If the agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio resident.

The date of dissolution if other than the filing date   
MM/DD/YYYY

Note: The date of dissolution must be on the date of filing, or a later date that is not more than 90 days after the date of filing, pursuant to Ohio Revised Code section 1701.86(F)(7).

Pursuant to Ohio Revised Code section 1701.87(E), a copy of the notice required by Ohio Revised Code section 1701.87(B) must be attached to this filing.

Check only one box below and provide information as required:

- ☐ (1.) The resolution of dissolution was adopted by the **Incorporators**. Pursuant to Ohio Revised Code section 1701.86(C), if an initial stated capital was not set forth in the articles then before the corporation begins business, or if an initial stated capital is set forth in the articles then before subscriptions to shares shall have been received in the amount of that initial stated capital, the incorporators or a majority of them may adopt, by a writing signed by them, a resolution of dissolution. (138-DISI)

The names and addresses of all the incorporators must be set forth below:

Name

Address

Name

Address

Name

Address

- ☐ (2.) The resolution of dissolution was adopted by the **Directors**. Pursuant to Ohio Revised Code section 1701.86 (D), directors may adopt a resolution of dissolution in the following cases, please check the box to state the proper statement of the basis for the adoption. (137-DISD)

The resolution of dissolution was adopted:

- ☐ When the corporation has been adjudged bankrupt or has made a general assignment for the benefit of the creditors;
- ☐ By leave of the court, when a receiver has been appointed in a general creditor's suit or in any suit in which the affairs of the corporation are to be wound up;
- ☐ When substantially all of the assets have been sold at judicial sale or otherwise;
- ☐ When the articles have been canceled for failure to file annual franchise or excise tax returns or for failure to pay franchise or excise taxes and the corporation has not been reinstated or does not desire to be reinstated; or
- ☐ When the period of existence of the corporation specified in its articles has expired.

- ☒ (3.) The articles are hereby dissolved by the **Shareholders** pursuant to Ohio Revised Code section 1701.86(E). (150-DISS)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of the incorporators.

In all other cases, the certificate shall be signed by any authorized officer, unless the officer fails to execute and file such a certificate within 30 days after the date upon which such certificate is to be filed. In the latter event, the certificate may be signed by any three (3) shareholders or, if there are less than three (3) shareholders, all of the shareholders, form a statement that the persons signing the certificate are shareholders and are filing the certificate because of the failure of the officers to do so.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

*Sandra E. Graham*

Signature

By (if applicable)

Sandra E. Graham, Secretary/Treasurer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

## Complete the information in this section.

## AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (ORC section 1701.86(l)).

Certified Ambulance Service, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	11/29/2012	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319  Overnight: P.O. Box 182413 Columbus, OH 43218-2413	11/29/2012   Regular: P.O. Box 182413 Columbus, OH 43218-2413
Agency Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229		Date Notified <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	

**Note:** This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.

Signature

*Sandra E. Graham*

Title

Secretary/Treasurer

Sandra E. Graham

Name

6795 Shiloh Rd.

Mailing Address

Goshen

City

OH

State

45122

Zip Code

Acknowledged before me and subscribed in my presence on

11/29/2012

Date

Seal

*[Signature]*  
Notary Public



CHARLY J. CORNES  
Notary Public, State of Ohio  
My Commission Expires June 29, 2014

Complete the information in this section.

**AFFIDAVIT OF PERSONAL PROPERTY**  
(ORC Section 1701.86(H)(1))

State of

County of

SS:

Name of Officer

, being first duly sworn, deposes and says that she/he is

Title of Officer

of

Name of Corporation

and this affidavit is made in compliance with section  of the Ohio Revised Code.

That said corporation has: (Check one (1) of the following)

☒ A. Has no personal property in any county in the State of Ohio

☐ B. Has personal property in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature:

Title:

Acknowledged before me and subscribed in my presence on

Date

Seal

Notary Public



KIMBERLY J. CORNES  
Notary Public, State of Ohio  
My Commission Expires June 29, 2016

Expiration date of Notary Public's Commission Date

**NOTICE OF DISSOLUTION**  
**OF**  
**CERTIFIED AMBULANCE SERVICE, INC.,**  
**An Ohio Corporation, Charter No. 603799**

Please take notice that on November 28, 2012, the Corporation adopted a resolution to dissolve and wind up its affairs.

All claims against the Corporation shall be presented in writing and shall identify the claimant and contain sufficient information to reasonably inform the Corporation of the substance of the claim.

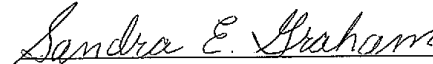
The mailing address to which any claimant must send the claim is: 6795 Shiloh Road, Goshen, OH 45122.

The Corporation must receive the claim no later than March 1, 2013.

Any claim will be barred if the Corporation does not receive the claim by the deadline.

The Corporation may make distributions to other creditors or claimants, including distributions to shareholders of the Corporation, without further notice to any claimant.

Date: November 30, 2012

  
Sandra E. Graham  
Secretary/Treasurer





Department of  
Taxation

Taxpayer Services Division  
P.O. Box 182382  
Columbus, Ohio 43218-2382  
Phone: 888-405-4039  
TTY/TDD: 800-750-0750  
<http://tax.ohio.gov>

### **CERTIFICATE OF TAX CLEARANCE**

This certificate certifies that the below stated corporation has paid all taxes administered by and required to be paid to the tax commissioner have been paid in full up through the stated certificate issue date. Additional tax liability may be incurred at a later date due to an examination or audit of the referred to tax returns.

Additionally, to the extent the entity listed below is a member of a commercial activity tax group for any portion of a tax period for which the return and payment are not yet due, the entity remains responsible for supplying its taxable gross receipts to the primary filer prior to the due date of the return.

#### **CERTIFIED AMBULANCE SERVICE, INC**

**Charter: 603799**

Certificate issue date: **November 1, 2012**

A handwritten signature in black ink, appearing to read "Joseph W. Testa", with a long horizontal flourish extending to the right.

Joseph W. Testa  
Tax Commissioner

**Please Note:**

This certificate must be filed with the Ohio Secretary of State by the end of the month in which it is issued, at the address listed below.

Ohio Secretary of State  
180 East Broad Street  
16<sup>th</sup> Floor  
Columbus, OH 43215  
877-767-3453