



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/19/2013	201317000393	DOMESTIC/DISSOLUTION (DIS)	50.00	100.00		.00	.00

Receipt

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

CT CORPORATION SYSTEM
ATTN:JAMES H TANKS II
4400 EASTON COMMONS WAY, SUITE 125
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

454183

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

CANTON UROLOGY ASSOCIATES, INC.

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

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

201317000393

Effective Date: 06/30/2013



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 June, A.D.
2013.

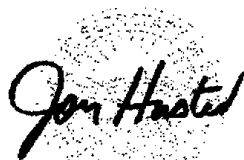
Ohio Secretary of State

330 497 4020

Fax:3304974020

Jun 17 2013 04:21pm P001/007

p.1



Form 561 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 486-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
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 43216

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

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

RECEIVED
SECRETARY OF STATE
2013 JUN 18 PM 3:40
OHIO
STATE
CLIENT SERVICE CENTER

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.

CHARLES T. KRAUS

Name

2600 TUSCARAWAS STREET W SUITE 400

Address

CANTON

City

Ohio

State

44708

Zip Code

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

ACCEPTANCE OF APPOINTMENT

The Undersigned,

[Signature]

, named herein as the

Statutory Agent Name

Statutory agent for,

[Corporation Name]

Corporation Name

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

Statutory Agent Signature

[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

6/30/13

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. (Please attach the notice or complete page 5 of this form.)

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:

<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
Name	Address

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)

- (2.) 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.

Charles Kraus

Signature

By (if applicable)

CHARLES T. KRAUS, PRESIDENT

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

**Notice of Dissolution to Creditors and Claimants against Corporation
(pursuant to ORC 1701.87)**

Notice of Dissolution of

CANTON UROLOGY ASSOCIATES, INC.

Name of Corporation

CANTON UROLOGY ASSOCIATES, INC.

Name of Corporation

an Ohio corporation (the "corporation") has dissolved. You must present to the corporation any claim against the corporation, including any claim by a creditor or any claim that is conditional, unmatured, or contingent upon the occurrence or nonoccurrence of future events, pursuant to the following:

1. All claims 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.
2. The mailing address to which the person must send the claims is:

2800 TUSCARAWAS STREET W SUITE 400

Address

CANTON

City

OH

State

44708

Zip Code

3. The deadline by which the corporation must receive the claim is sixty (60) days after the date this notice is given (the "Deadline").
4. The 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 the claimant.

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Fax:3304974820

Jun 17 2013 04:21pm P006/007

p.6

Complete the information in this section.

AFFIDAVIT

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

CANTON UROLOGY ASSOCIATES, 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	06.27.2012	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	06.27.2012
		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413

Agency	Date Notified
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	06.27.2012

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

Signature Charles Kraus Title PRESIDENT

CHARLES T. KRAUS

Name

2600 TUSCARAWAS STREET W SUITE 400

Mailing Address

CANTON

City

OH

State

44708

Zip Code

Acknowledged before me and subscribed in my presence on 5/23/13

Date

Seal

Cindy L. Leasure
Notary Public

Commission Expires

8/30/14
Date



Cindy L. Leasure
Notary Public, State of Ohio
My Commission Expires 8/30/14

