Name: ALFRED H. MASMESS, M.D., INC.

State or Ohio Department of State				Sherrod Secreta	<b>Brown</b> y of State
Date \$/02/84	Number	585061	Re	eceipt No.	7362
				0264	0412
Received of ALERSO H. MAGNES		C .	HOZ.		.4
The sum of \$for filing	84A. 				of
ALERED H. MASHESS, M.D., INC.		<b>©</b> .		,	
Poturned to	7362		84A	\$	10.00
Returned to: ALFRED H. MAGNESS, A.D., IN 1415 OPANGE ST. COSHOCIOV, ON 43312					
Name:			Total Fee:	\$	10.00

Total Fee: \$\_\_\_\_



Department of State

## The State of Ohio

Sherrod Brown

Secretary of State

585061

## & Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; that said records show the filing and recording of:

Of:

Of:

United States of America State of Ohio Office of the Secretary of State

ALEBSO S. NAGGERT, A.O., INC.



Recorded on Roll F1778 at Frame 7776 of the Records of Incorporation and Miscellaneous Filings

Witness my hand and the seal of the Secretary of State, at the City of Columbus, Ohio, this day of 300.7%, A.D. 19 84.

Sherrod Brown
Secretary of State

19 <u>84</u>	•
Annual Report of Professional Corporation  (To be filed prior to July 31)  Date  7-3-54	
To: Sherrod Brown Fee S10.00 Secretary of State 30 East Broad Street 14th Floor	
Columbus, Ohio 43215  Jule 1, 19 84  Date	
In compliance with Section 1785.06 Ohio Revised Code, the following report is submitted:	0.00
Name of Corporation ALFRED H. MAGNESS, M.D., INC.	
Corporate Charter Number 585001	-
Location <u>COSHOCTON</u> <u>COSHOCTON</u>	-
(City, Village or Township) and County	
The foregoing is a complete list of shareholders of the above corporation of record on the books of the said company on June 30th, 19 54.	
Name Address (Street, City & Zip Code)  1. PLFEED H. MAGNES, M.D. 1415 OFFICE STREET, COSHOCTON, OHIO 43813  2. 3. 4. 5. 6. 7. 8. 9. 10.	
12.	
" (Additional names may be attached on added listings.)	
We hereby certify and affirm under oath that all share- holders are duly licensed or otherwise legally authorized to render professional services in this state in the practice of	
PHYSICIAN RND SHECONS.	
(Signature of Corporate) Officer)	
(Signature of Corporate Officer)	
Porsinget	
(Title of Corporate Officer)	

