| V | T) |
|---|----|

State of Ohio Department of State

Date 7/27/83

Number 551138

Sherrod Brown Secretary of State

Receipt No. 8489

G431-1097

0380

| Received of or filed by | R P | PAI | | 02.121 4.002 | |
|-------------------------|-----|------------------|-----|--------------|----|
| The sum of \$ | | 10.00 for filing | 88A | <u> </u> | of |

RAMANATH P. PAI, M.D., INC.

Returned to:

R P PAI P.O. BOX 1958 LIMA, OH 45802 8489

RECEIPT

\$<u>10.00</u>

Name: RAMANATH P. PAI, M.D., INC. Total Fee: \$_____10.00



Department of State

The State of Ohio 60431-1098

Sherrod Brown

Secretary of State

551138

🍣 Certificate 🍪

| It is hereby certified that the Secretary of State | e of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; that said |
|--|--|
| records show the filing and recording of: | 88A |
| | of: |

RAMANATH P. PAI, M.D., INC.

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



Recorded on Roll _____ G431 ___ at Frame _ 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 2014 day of 1914.

A.D. 19. La.

Secretary of State

60431-1099

Approved AAA
Date 7-20-free \$10.00

19_88____

ANNUAL REPORT OF PROFESSIONAL CORPORATIONS (To be filed prior to July 30)

To: Sherrod Brown
Secretary of State
30 East Broad Street
14th Floor
Columbus, Ohio 43266-0418

| COIMIDUS, 01110 43286-0418 | | | |
|--|-------------------------------|--|-------------|
| In compliance with Section 1785.0 is submitted: | 6 Ohio Revise | d Code, the following | report |
| Name of Corporation <u>RAMANATH P. PA</u> | (I, M. D., INC. | | |
| Corporate Charter Number | RP 551138 | | |
| Location 1220 E. ELM ST., SUITE 206 | LIMA | ALLEN (County) | |
| (City, Village or | Township) | (County) | |
| The foregoing is a complete list of record on the books of the sai | of shareholde d company on | rs of the above corpo June 30, 19 <u>88</u> . | oration |
| <u>Name</u> | (Street, C | dress ity & Zip Code) | |
| 1. RAMANATH P. PAI, M. D. 2. 3. 4. 5. 6. 7. 8. | 846 ALGONKII | N TRAIL LIMA, CHIO 4580 | 5 |
| (Additional names may be at | tached on add | ed listings) | |
| We hereby certify and affirm duly licensed or otherwise legall services in this state in the pra | | ma wandan nu fasaian. | are |
| | | • | |
| | | <u>.04 (11)</u> ure of Corporate Offi | |
| | (Signat | ure of Corporate Offi | .per) |
| | | $\mathcal{H}^{\mathcal{F}}$ | |
| | (Title | of Corporate Officer | |

