The Columbus Dispatch

Abortion provider purchases local clinic

By Rita Price, The Columbus Dispatch Posted Jun 6, 2012 at 12:01 AM Updated Jun 6, 2012 at 11:41 AM

The purchase of one local abortion clinic by another means that Columbus soon will lose a site, reducing to three the number of clinics offering the procedure.

The purchase of one local abortion clinic by another means that Columbus soon will lose a site, reducing to three the number of clinics offering the procedure.

A spokeswoman said yesterday that Capital Care Network had purchased Founder's Women's Health Center, one of the state's oldest abortion providers.

The deal allows Capital Care to move from its rented North Side quarters on Indianola Avenue to the Founder's building on E. Broad Street, Lydia Strauss said. Capital Care Network will own the East Side building.

The North Side location likely will close within a month, Strauss said.

"There's one fewer physical location, that is correct," she said.

Founder's declined to comment. According to its website, the center opened in 1973, just months after the U.S. Supreme Court decision in Roe v. Wade paved the way for legal abortion. It always has been owned by doctors.

Strauss said that while she could not speak for Founder's, she knows that one of the owners is older and has been in business many years.

"I don't want people to think an abortion facility is closing, or that it can't get doctors, because that's not the case," she said. "It's going to look like a merger, but it is a purchase."

Capital Care will keep the Founder's name for the clinic, she said. Capital Care Network operates four clinics in Ohio and one in Indiana.

Kellie Copeland, executive director of NARAL Pro-Choice Ohio, said it's not unusual for the abortion-provider scene to fluctuate, and the closing "may not indicate diminished capacity for patients."

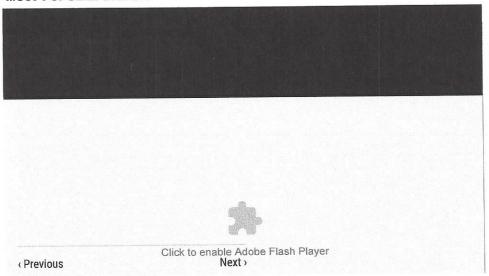
Still, she said, anti-abortion advocates "try to take a victory lap" when clinics close or are sold.

At least one anti-abortion group issued such a news release yesterday.

The two other clinics in Columbus that provide abortion services are Complete Healthcare for Women on the North Side and the Central Ohio Women's Center, operated by Planned Parenthood, on the East Side.

rprice@dispatch.com

MOST POPULAR STORIES





CAPITAL CARE NETWORK

Abortion clinic vows to continue to serve women

Surgery license to end on Aug. 12

8/2/2014

BY MARLENE HARRIS-TAYLOR BLADE STAFF WRITER

The owner of Toledo's only remaining abortion clinic said she will help women travel to Columbus for abortion services if Capital Care Network is forced to stop offering surgeries on Aug. 12.

The Ohio Department of Health issued an order Wednesday revoking Capital Care's license effective Aug. 12. The West Sylvania Avenue clinic has 15 days after the mailing of the notice to file an appeal and request that a court stay the order pending that appeal.

Capital Care's owner Terrie Hubbard said her attorney will file a petition with the court next week asking that the clinic be allowed to continue offering abortion services while appealing the state order.

Even if the stay is not granted, however, Ms. Hubbard said she plans to keep Capital Care open as a women's clinic. The clinic would offer gynecological services as well as abortion counseling, Ms. Hubbard said.

"I want to let the public know that they can go to the Toledo office for their first visit," she said.

Ohio law requires women must first have a consultation visit and then wait 24 hours before having an abortion, Ms. Hubbard said. The law allows women to have consultations in one place and abortion services in another as long as they can be advised what doctor will perform the procedure, she said.

Four local women have volunteered to drive women to Columbus after the consultation for the surgeries at the Founders Women's Health Clinic.

The volunteers came forward out of concern that some Toledo women would be unable to afford to travel to other Ohio cities such as Cleveland, Dayton, or Columbus if Capital Care is forced to stop providing abortions, she said.

Ms. Hubbard also owns the company that manages the Columbus facility. She said her affiliation with the Columbus clinic will allow her to inform the women which doctor will perform the abortion.

"I'm certainly not doing this as a financial matter. I have spent so much money on attorney fees—it's not about money, it's just that there will be no more choice in this area. I just don't want

us to go back to 1973. I don't want to see women trying to have an abortion by themselves and have them end up injuring or killing themselves. That is my biggest concern," Ms. Hubbard said.

She said the clinic will continue offering abortion service until midnight, Aug. 12 if the courts do not step in.

Interim Director of the Ohio Department of Health Lance Himes signed the order Tuesday, "refusing to renew and revoking" the health-care facility license of Capital Care.

Mr. Himes' decision follows a recommendation from a state hearing examiner in June that the clinic be shuttered because it does not hold a valid emergency-care agreement with a local hospital, a requirement of state law.

The two-year state budget passed last year cemented in law what had previously been an administrative rule within the health department requiring ambulatory surgical centers to have agreements with hospitals to transfer patients if complications arise.

Lawmakers then went a step further by requiring that agreement to be with a "local" hospital without defining what that meant.

The University of Toledo Medical Center chose not to renew its agreement with Capital Care as of July 31, 2013. The budget later prohibited public hospitals like UTMC, the former Medical College of Ohio, from entering into such agreements.

The clinic struggled for months to find a hospital with which to partner before entering into an agreement in January with the University of Michigan Health System in Ann Arbor — more than 50 miles away — to provide emergency care in case of complications with its patients.

The agreement with the Ann Arbor hospital, however, stated it would not be responsible for transporting patients. The clinic was prepared to pay for helicopter transports, if necessary.

Ms. Hubbard said after the state revoked her license this week, she contacted every hospital in a 30-mile radius of Toledo for the second time seeking a transfer agreement. She said most have not returned her call, but one employee from the risk-management department at ProMedica St. Luke's hospital did respond. "He told me, 'Good luck, but don't hold out any hope. I don't see this happening,' "Ms. Hubbard said.

An online petition has been posted by Kristin McKeown asking ProMedica CEO Randy Oostra to enter into a transfer agreement with Capital Care Network by Aug. 10. The petition has about 100 signatures, and the information on the site said it will be delivered to Mr. Oostra after it reaches 200 signatures.

The group Social Activists of Toledo also sent a letter to Mr. Oostra, saying they believe it is a "blatant violation of the Hippocratic oath, as it pertains to do no harm, for you to continue to refuse compliance with Capital Care Network's proposed transfer agreement."

"ProMedica Toledo Hospital does not have transfer agreements with abortion clinics. However, with or without a transfer agreement, we will perform any necessary treatment of women, on any patient, in need of [emergency] care. This issue is between the clinics and the Ohio Department of Health. We do not want to be put into a position of choosing a political position that is only divisive and polarizing, when our only commitment is to ensure we provide solid health care," ProMedica officials said in a written statement.

Contact Marlene Harris-Taylor at mtaylor@theblade.com or 419-724-6091.

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State of Ohio License Information

Ambulatory Surgical **Facility** Program Page

FOUNDER'S WOMEN'S HEALTH CENTER THE

State ID:

0596AS

Provider Demographics

Address:

1243 EAST BROAD STREET

COLUMBUS, OH 43205

County:

FRANKLIN

Fax Number:

Phone Number: (614)251-1800

(614) 251-1126

E-mail Address: terriehubbard@gmail.com

Ownership:

N/A

Operator:

DOWNTOWN GYNECOLOGISTS, INC.

Administrator:

VICTOR JAMES

Mailing Address:

State of Ohio License Information

General License Information:

License Status:

ACTIVE

Licensed Date:

03/31/2013

License Expiration Date: 03/31/2014

Open Date:

03/13/2003

Licensed Capacity:

3

Services:

ABORTION

* A mailing address will appear if it is different from the business address



NEW SEARCH

Enhanced Information Dissemination Version 3.0 Software release on: 07/28/2016

WHITE & FISH, LPA, INC. 1335 DUBLIN RD. 201 (C) RIVERSEDGE COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1792416

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

THE FOUNDER'S WOMEN'S HEALTH CENTER

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use:

01/01/1989

Expiration Date:

07/08/2013

Document No(s):

200819601454

DOWNTOWN GYNECOLOGISTS, INC.

1234 E. BROAD ST. COLUMBUS, OH 43205



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 8th day of July, A.D. 2008.

Ohio Secretary of State

Page 1



Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us Expedite this Form: (selections)

Wall Form to one of this following:

PO Box 1390

Columbus, OH 43216

PO Box 670

Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Nonprofit) Filing Fee \$50.00

	TATES THE FOLLOWING:		
(CHECK ONLY ONE (1) BOX)		10 E	킾
(1)	(2) Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) Original Renewal Registration No.	ę. E.
Complete the information in this see	ction if box (1) or (2) is checked		-
The exact name being registered of	r		
reported is	The Founder's Women'	s Health Center	
	The Registrant is (Che	ck Appropriate Box)	
☐ Individual ☐ Limited Partnership: Reg. No.		Foreign Corporation incorporated in the state of	- SA-0
Ohio Limited Liability Co., Reg. No. Ohio Corporation, Charter No. General Partnership	754373	holding Ohio license no. Unincorporated Association Foreign Limited Liability Co. holding Ohio Reg. No.	
Other		organized in the state of	
Other The name of the registrant designate DOWNTOWN GYNE	COLOGISTS, INC.	,	
Other The name of the registrant designate DOWNTOWN GYNE NOTE: Where the registrant is a partner.	COLOGISTS, INC.	organized in the state of must appear on this line. If the registrant is a smed name and actual corporate title of such	
Other The name of the registrant designate of the registrant designate of the registrant is a partner or eign corporation licensed in Ohio uncorporation must appear on this line.	COLOGISTS, INC. prship, the name of the partnership ler an assumed name, both the assu	must appear on this line. If the registrant is a	
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534

Page 1 of 2

Last Revised: May 2002

complete only if registrant is a general AME OF ALL GENERAL PARTNE	al partnership RS COMPLETE RESIDENTIAL AD	DDRESSES (including zip code)
	4	
ansact business in Ohio; if a genera	a general partner is a foreign (out-of-state) corpor al partner is a foreign corporation licensed in Ohio and actual corporate title of such general partner	under an assumed name,
he nature of the business conducte	d by the registrant under the trade or fictitious na	me is (please be specific)
WOMEN'S HEALTH	•	
		*
Complete the information in this sect	ion if box (3) is checked.	*
Omprete the information in this book	OT TOOK 107 IS STORY	
Please reserve the name	listed below. (only one name per form)	
Please reserve the first na	ame available in the order of my preference.	
	ed the reservation UNTIL I RECEIVE WRITTEN O	ONFIRMATION FROM THE
BECRETARY OF STATE'S OFFICE	STATING THAT THE NAME HAS BEEN REGI	STERED TO ME
The name reservation is v	valid for a period of 180 days.	
The Founder's Women	's Health Center	
(First Choice)		
(Second Choice)		
(Third Choice)	/	
DOWNTOWN GYNE	COLOGISTS INC	
(Applicant)	(Print Name)	
/		
1243 E BROAD ST C	COLUMBUS, OHIO 43205	
(Address)		
COLUMBUS OHIO 43	1205	
(City, State and Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)	Authorized Representative Authorized Representative	President 6-17-08 Date 6-17-08 Date
534	Page 2 of 2	Last Revised: May 2002



DATE: 04/01/2013 DOCUMENT ID 201308881948

DESCRIPTION TRADE NAME RENEWAL (RNR)

FILING 25.00 KPED PENALTY

CERT .00 COPY .00

Receipt

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

THE FOUNDER'S WOMEN'S HEALTH CENTER 1243 E. BROAD STREET COLUMBUS, OH 43205

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1792416

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

THE FOUNDER'S WOMEN'S HEALTH CENTER

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

Document(s):

Document No(s):

TRADE NAME RENEWAL

201308881948

Effective Date: 03/28/2013



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 1st day of April, A.D. 2013

Ohio Secretary of State



RENEWAL OF TRADE NAME REGISTRATION

Th	e Registration Number to be renewed	is: 1792416
The	e trade name to be renewed is: E FOUNDER'S WOMEN'S HEALTH CEN	NTER
Th	e applicant is: (check appropriate item, an individual an Ohio corporation, Charter Num a foreign corporation, incorporated a General Partnership a Limited Liability Company a Limited Partnership; County in C is filed: a Professional association an association a Society, Foundation, Federation	ober: 754373 d in the state of: Ohio where certificate /application of limited partnership or other organization
(No		p, the name of the partnership must appear on this line)
(No	Downtown Gunecologie: When the applicant is a partnership	p, the name of the partnership must appear on this line) ip and has not filed a statement of partnership authority: Complete Residence Address
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This document is signed by an authorized representative of the registrant.

By:



State of Ohio Department of State

Date 8/07/89

G0679-1261

Number 754373

Sherrod Brown Secretary of State

Receipt No. 12211

G679-1261

0086

Received of or filed by	LUPER, WOLINETZ, SHERIFF & NEIDE	ENTHAL
The sum of \$	75-00 for filing ARP	
OWNTOWN GYNE	COLOGISTS, INC.	
leturned to:	12211	ARP \$ 75.
ATT:R.E.	OAD ST. E RESERVE TO SEE	,
ame:	GYNECOLOGISTS, INC.	Total Fee: \$ 75.

G0679-1262



Department of State

The State of Ohio

Sherrod Brown

Secretary of State

754373

& 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:	ARP		
	· .		of:
		,	

DOWNTOWN GYNECOLOGISTS, INC.

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



Recorded on Roll <u>G679</u> at Frame <u>1263</u> 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 _____ 28TH_day of _JULY_,

A.D. 19 89

Thirty Canon

Sherrod Brown Scretary of State

SEC 600L

PROFESSIONAL

ARTICLES OF INCORPORATION G0679-1263



DOWNTOWN GYNECOLOGISTS, INC.

The undersigned, who is a citizen of the United States, desiring to form a corporation, for a profit, under Section 1701.01 and 1785.01 et seq. of the Revised Code of Ohio, does hereby certify:

FIRST: The name of the said corporation shall be:

Downtown Gynecologists, Inc.

SECOND: The place in Ohio where its principal office is to be located is 700 East Broad Street, Columbus, Ohio 43215.

FRANKLIN COUNTY.

THIRD: The purpose for which the corporation is formed is to engage in the profession of medicine and render professional medical services within the State of Ohio. All professional medical services so rendered shall be rendered only through its officers, employees and agents who are duly authorized to render professional medical services within the State of Ohio, and to engage in any lawful act of activity for which corporations may be formed under Sections 1701.01 to 1701.98, Ohio Revised Code or of Sections 1785.01 to 1785.08, Ohio Revised Code. Nothing herein contained shall be deemed or construed as authorizing or permitting or purporting to authorize or permit, the corporation to carry out any business, exercise any power, or do any act which the corporation may not under the provisions of Chapter 4731, Chapter 1701 and Chapter 1785 of the Ohio Revised Code. In particular, nothing in the foregoing provisions shall modify any law applicable to the relationship between a person furnishing professional medical services and a person receiving service. Further, the shares of capital stock of the corporation may be issued or otherwise legally authorized to render the same professional service as that for which the corporation is organized.

FOURTH: Every statute of the State of Ohio hereafter enacted, whereby the rights or privileges of shareholders of a corporation organized under the General Corporation Law of said state are increased, diminished, or in any way affected, or whereby effect is given to any ction authorized, ratified, or approved by less than all the shareholders of any such corporation shall apply to the corporation and shall be binding upon every shareholder thereof to the same extent as if such statute had been in force at the date of the filing of these Articles of Incorporation.

G0679-1264

A director or officer of the corporation shall not be disqualified by his office from dealing or contracting otherwise. No transaction or contract or act of the corporation shall be void or voidable or in any way affected or invalidated by reason of the fact that any director or officer, or any firm of which any director or officer is a member of the fact that any director or officer, or any firm of which any director or officer is a member, or any corporation of which any director or officer is a shareholder, director, or trustee, or any trust of which any director or officer is a trustee or beneficiary, is in any way interested in such transaction or contract or act. No director or officer shall be accountable or responsible to the comporation for or in respect to any transaction or contract or act of the corporation or for any gains or profits directly or indirectly realized by him by reason of the fact that he or amy firm of which he is a member or any corporation of which he is a shareholder, director, or trustee, or any trust of which he is a trustee or beneficiary, is interested in such transaction or contract or act; provided the fact that such director or officer or such firm or corporation or such trust is so interested shall have been disclosed or shall have been known to the board of directors or such members thereof as shall be present at any meeting of the board of directors at which action upon such contract or transaction or act shall have been taken. Any director may be counted in determining the existence of a quorum at any meeting of the board of directors which shall authorize or take action in respect to any such contract or transaction or act, and may vote thereat to authorize, ratify, or approve any such contract or transaction or act, and any officer of the corporation may take any action within the scope of his authority respecting such contract or transaction or act with like force and effect as if he or any firm of which he is a member, or any corporation of which he is a shareholder, director, or trustee, or any trust of which he is a trustee or beneficiary, were not interested in such transaction or contract or act. Without limiting or qualifying the foregoing, if in any judicial or other inquiry, suit, cause or proceding, the question of whether a director or office of the corporation has acted in goodfaith is material, then notwithstanding any statute or rule of law or of equity to the contrary (if any there be), his good faith shall be presumed, in the absence of proof to the contrary, by clear and convincing evidence.

SIXTH: The corporation, through its board of directors, shall have the right and power to repurchase any of its outstanding shares at such price and upon such terms as may be agreed upon between the corporation and the selling shareholder or shareholders.

SEVENTH: Notwithstanding are provision of any statute of the State of Ohio, now or hereaster in force, requiring for any purpose the vote of the holders of shares entitling them to exercise two-thirds of any other proportion of the voting power of the corporation or of any class or classes or shares 12 thereof, any action, unless otherwise expressly required by statute, may be taken by the vote of the holders of shares entitling them to exercise a majority of the voting power of the corporation or of such class or classes.

EIGHTH: The number of shares which the corporation is authorized to have outstanding is Seven Hundred Fifty (750) all of which shall be without par value. The amount of capital with which the corporation will begin business is not less than Five Hundred Dollars (\$500.00).

IN WITNESS WHEREOF, I have hereunto subscribed my name this 2th day of Jam, 1989.

Bruce C Lazear Incorporator

1017k



G0679-1266

Original Appointment of Statutory Agent

The undersigne	ed, being at least a ma	jority of the inc	corporators of	Downtown (Nan	Gynecolog ne of Corporation)	gists, Inc
	, hereby appoin	. Transc				
upon whom a	ny process, notice or	demand requ	ired or permitt	ed by statut	e to be served	i upon
	on may be served.			* *		
The complete	e address of the ager	nt is: 50 Wes	t Broad St	treet, Su Street)	ite 1200	
	mbus		Franklin		inty Ohio 4:	3215 Code)
Date:	Tity or Village) Only 26,	/58 9	/	Bro	corporator)	
Date	July 26,	1989	*	Bryc	L. Lazea	r
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				(I	ncorporator)	

Instructions

- Profit and non-profit articles of incorporation must be accompanied by an original appointment of a-pent 11.0 170104(1), 1702.04(0).
- The statutory agent for a corporation may be (a) a natural person who is a resident of Ohio, or (b) an Ohio corporation or a foreign corporation licensed in Ohio which has a business address in this state and is explicitly authorized by in unfuller of accepting place to act as a statutory agent, R.C. 1701.07(A), 1702.06(A).
- 3) The agent's complete street address must be given; a post office box number is not acceptable. (17) 1701 0700, 130, 1600,
- An enginal appointment of agent form must be signed by at least a majority of the mesoporation of the representation. E. C. 120 (020), 1702-05(8).

Frescribed by Secretary of Stata Anthony J. Celebrezze, Jr.

This page has been inserted to correct the index alignment.

Ion Husted Ohio Secretary

Jon Husted & the Office | Elections & Voting | Campaign Finance | Legislation & Ballot Issues | Businesses | Records | Media Center | Publications

Business Filing Portal

your BUSINESS begins here













Business Name Business Name - Exact Detailed Business Search Number Search Agent/Contact Name Agent/Contact Name - Exact Prior Business Name

Corporation Details

	Corporation Details		
Entity Number	754373		
Business Name	DOWNTOWN GYNECOLOGISTS, INC.		
Filing Type	MEDICAL		
Status	Held		
Original Filing Date	07/28/1989		
Expiry Date			
Location: COLUMBUS	County: FRANKLIN	State: OHIO	NATIONAL PROPERTY.

Incorporator Information

BRUCE C LAZEAR

Filings Filing Type	Date of Filing	Document Number/Image
DOMESTIC ARTICLES/PROFESSIONAL	07/28/1989	G679 1261
ANNUAL REPORT OF PROFESSIONAL CORP	07/10/1990	G910 0080
ANNUAL REPORT OF PROFESSIONAL CORP	07/18/1991	H177 1131
ANNUAL REPORT OF PROFESSIONAL CORP	07/29/1992	H421_1588
ANNUAL REPORT OF PROFESSIONAL CORP	07/02/1993	H642 0723
DOMESTIC CONTINUED EXISTENCE	01/19/1994	000000117049
CANCELLED BY SECRETARY OF STATE	04/10/1995	5130 0230
DOMESTIC/REINSTATEMENT	02/06/1996	5469 0726
ANNUAL REPORT OF PROFESSIONAL CORP	02/06/1996	5469 0726
ANNUAL REPORT OF PROFESSIONAL CORP	02/06/1996	5469 0726
DOMESTIC/AGENT RESIGNATION	06/12/1996	5563_0862
DOMESTIC/AGENT REGISTRATION LETTER SERVED	08/19/1996	000000117050
DOMESTIC/CANCELED/FAILURE TO MAINTAIN AGENT	10/17/1996	000000117051
AGENT NAME/ADDRESS TAX UPDATE	02/01/1999	AGNTUPDT
AGENT NAME/ADDRESS TAX UPDATE	04/07/1999	AGNTUPDT
CANCELLED BY TAX DEPT W/NOTIFICATION	02/06/2007	200703913026
DOMESTIC/REINSTATEMENT	05/21/2008	200814300986
TRADE NAME/ORIGINAL FILING	07/08/2008	200819601454
PROFESSIONAL/DELINQUENCY LETTER SERVED	01/21/2009	200902199944
CANCELED W/NOTICE FAIL TO FILE PROFESSIONAL ANNUAL	04/22/2009	200911278124
DOMESTIC/REINSTATEMENT	02/24/2012	201206000797
DOMESTIC/REINSTATEMENT	02/24/2012	201206000798
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000799
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000800
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000801
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000822
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000823
ANNUAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000824
BIENNIAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000825
BIENNIAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000826
BIENNIAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000827
BIENNIAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000828
BIENNIAL REPORT OF PROFESSIONAL CORP	02/24/2012	201206000829
BIENNIAL REPORT OF PROFESSIONAL CORP	07/20/2012	201221301371
TRADE NAME RENEWAL	03/28/2013	201308881948
BIENNIAL REPORT OF PROFESSIONAL CORP	07/17/2014	201420601712
PROFESSIONAL/DELINQUENCY LETTER SERVED	09/06/2016	201625003922
CANCELED W/NOTICE FAIL TO FILE PROFESSIONAL ANNUAL	10/14/2016	201628803372

Return To Search Page

Return To Search List | Printer Friendly Report

DATE 4/22/2009 TRANSACTION DESCRIPTION

Canceled W/Notice, Failure to File Biennial Professional Report (XPA)

Mail To: TRANS CONTINENTAL AGENTS 50 W BROAD ST SUITE 1200 COLUMBUS, OH 43215

-cut along dotted line



The State of Ohio & Certificate &

Secretary of State - Jennifer Brunner

754373

It is hereby certified that the Secretary of State of Ohio has custody of the business records for DOWNTOWN GYNECOLOGISTS, INC. and that said business records show the recording of:

CANCELLATION FAILURE TO FILE BIENNIAL REPORT OF PROFESSIONAL CORPORATION

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 22nd day of April, A.D. 2009



Jennifer Brunner Secretary of State



DATE: 03/01/2012

DOCUMENT ID DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

COPY .00

Receipt

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

WHITE & FISH LPA INC. 1335 DUBLIN ROAD - #201C ATTN: ARNOLD WHITE COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

754373

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

DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

201206000797



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 24th day of February, A.D. 2012.

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.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$188.00).
P.O. Box 1390
Columbus, OH 43216

Reinstatement

Filing Fee: \$25

(for failure to file existence)	of a Nonprofit Corporation a statement of continued	(2) Reinstatemer (for failure to (112-PLR) THIS FORM MUST BE ACCOMPAN	file biennial	report(s))	
(109-RENN)		REPORT(S) AND FILING FEE(S)	IED BY ALL DE	LINGIUEI	MI DICIMI	EPAL.
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Charter/Region addit running	154573					
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e signed by an authorized epresentative. (see Instructions						
or specific information)	By (if applicable)					
f authorized representative	Judy Nolan					
s an individual, then they						
must sign in the "signature"	Print Name					
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nust sign in the "signature" pox and print their name in the "Print Name" box. If authorized representative is a business entity, not an individual, then please print	Signature By (if applicable)					

Form 525B

Page 1 of 1

Last Revised: 2/6/12



DATE 07/28/2014 DOCUMENT ID 201420601712 BIENNIAL REPORT OF PROFESSIONAL CORP

EXPED 0.00

CERT PENALTY 0.00 0.00 0.00

Receipt

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

THE FOUNDER'S WOMENS HEALTH CENTER 1243 E. BROAD STREET COLUMBUS, OH 43205

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

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

DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL CORP Effective Date: 07/17/2014 Document No(s):

201420601712



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 28th day of July, A.D. 2014.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

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

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP) Filing Fee: \$25

eck Only One (1) Box	
Biennial Report of Professional Corporation (102-YRA) Indicate Year (even-numbered years)	Biennial Report of Limited Liability Partnership(103-YRL) Indicate Year (odd-numbered years)
st Profession Me Di Cal	If foreign limited liability partnership, provide jurisdiction of formation
lame of Entity DOWNTOWN GYNECOLOGISTS.	INC.
charter or Registration Number 754373	7 PH 2:
omplete the information in this section if box (1) is c	hecked
Chareholders of Professional Corporation Authenticating this form constitutes a certification to egally authorized to render the professional services.	that all the below listed shareholders are duly licensed or otherwises in this state in the profession that is listed above.
Name	Address
Harley M. Blank, MO	1243 E. Brown St. Columbus, DH 43205
	1243 E. BrodDSt. Columbus, OH 43005
11.11	1243 E. Broad St. Chumbus, OH 43205
Form 520 F	Page 1 of 2 Last Revised: 2/6/12

	ction if box (2) is checked		
lress of the partnership's chie	f executive office:		
Mailing Address			
City		State	Zip Code
City ne chief executive office is no	t in Ohio, the address of any office););
Mailing Address			
		OHO	
City		State	Zip Code
Mailing Address		1 01110	
-		OHIO	
City		State	Zip Code
y signing and submitting this for requisite authority to execute equired eport must be signed an officer of the rofessional association partner or authorized epresentative of the artnership.	orm to the Ohio Secretary of State te this document. Signature By (if applicable)	Lego Indeady	SOUTHOU BIOK THE ST STIP THE
signature" box, an authorized	Print Name a business entity, not an individual, representative of the business entity.	then please print the bus	iness name in the ox and print their name in th
Print Name" box.			



ION HUSTED OHIO SECRETARY OF STATE

180 East Broad Street, 16th Floor | Columbus, Ohio 43215 Tel: (877) 767-6446 | Fax: (614) 644-0649 | www.OhioSecretaryofState.gov

DOWNTOWN GYNECOLOGISTS, INC.

Registration No: 754373 Original Date:

07/28/1989

09/06/2016

ARNOLD S. WHITE, ESQ. 1335 DUBLIN ROAD - #201C COLUMBUS, OH 43215

Dear Sir or Madam:

Pursuant to Ohio Revised Code Section 1785.06, each professional association must submit a Biennial Report to provide our office with the names and addresses of shareholders as well as a statement that all shareholders are duly licensed or legally authorized to render the same professional service for which the association was organized. This form is required between July 1 st and July 31st of each even numbered year.

The above-named association is delinquent in filing the report for the reporting year, 2016. Failure to submit this report within 30 days from the date of this notice will result in cancellation of the Professional Association's charter with the Ohio Secretary of State.

The information must be filed either electronically through Ohio Business Central or on a paper form prescribed by the Ohio Secretary of State and signed by an officer of the association. The filing fee for the report is \$25.00. If the form association is no longer active in Ohio, then it should be dissolved pursuant to Ohio Revised Code Section 1701.86. The filing fee for a dissolution is fifty dollars (\$50.00).

Please see the reverse side of this letter for step by step instructions on how to file the biennial report online or to obtain the paper form to complete and mail to our office. If you have additional questions, please contact our customer service department at (877) 767-3453. You may also e-mail our customer service department at busserv@ohiosecretaryofstate.gov

Submission Instructions

File electronically through Ohio Business Central

- Go to www.OhBusinessCentral.com
 - Returning users, log in to your account.
 - New users
 - Click "Submit a Business Filing" (the blue Box with white arrow). 1.
 - Choose "Click Here to Create Profile" (the lower black box on the right). 2.
 - Enter your user registration and click "Create Profile." 3.
 - Check your e-mail for your assigned e-signature PIN. (OVER) 4.

- Click "Continue to Filing" on the Profile Confirmation Screen and enter the e-signature PIN.
- Click on the green box to "Update an Existing Business Record."
- Enter the registration number of your professional association
 (listed at the top of this letter) and click "Submit."
- Select the green box to confirm you have found the correct entity.
- Available filings will appear at the bottom of the screen. Select the Biennial Report (will be available on or after July 1, 2016).
- Complete the filing and select the filing to check out.
- At this point you will have the opportunity to pay with any major credit card.

File a paper form

- Go to <u>www.OhioSecretaryofState.gov</u>
- Click on "Business Filing Forms and Fees"
 (the second option in the green box in the bottom, right side of the screen).
- Enter 520 in the search box and click "search."
- Click on the Biennial Report link to download the PDF form.
- Complete the form and mail it to the address on the top of the form with a check for \$25.00.

Sincerely.

Jon Husted Secretary of State DATE 10/14/2016 DOC ID

201628803372

DESCRIPTION

Canceled for Failure to File Biennial Report with \$25.00 Filing Fee

Mail To:

ARNOLD S. WHITE, ESQ. 1335 DUBLIN ROAD - #201C COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

754373

It is hereby certified that the Secretary of State of Ohio has custody of the business records for DOWNTOWN GYNECOLOGISTS, INC. and that said business records show the recording of:

CANCELLATION

FAILURE TO FILE BIENNIAL REPORT OF PROFESSIONAL CORPORATION



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 14th day of October A.D. 2016.

Jon Houses

Ohio Secretary of State

eLicense.Ohio.gov

License Look Up

8/23/2017 3:13 PM

KARL I SCHAEFFER

O1/02/2016 BLACKLICK OH	Status Sub-Status Board License Type License Number License Issue Date License Expiration Date	Active Medical Board Doctor of Medicine (MD) 35.036011 08/22/1973 01/01/2018
01/02/2016 BLACKLICK OH		01/01/2018
BLACKLICK OH		01/02/2016
OH		BLACKLICK
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Board Action Details

Supervised By:

public service and no user may claim detrimental reliance thereon. requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a Commission and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source Disclaimer: The above is an accurate representation of real-time information currently maintained by the State Medical Board of Ohio. The Joint

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physical state of the control of the state of the

eLicense.Ohio.gov

License Look Up

8/23/2017 3:15 PM

HARLEY M BLANK

The state of the s	Country United States	City	License Expiration Date 07/01/2019)CT	License Type Doctor of Medicine (MD)	Sub-Status	Status	

Board Action Details

Supervised By:

public service and no user may claim detrimental reliance thereon. requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a Disclaimer: The above is an accurate representation of real-time information currently maintained by the State Medical Board of Ohio. The Joint Commission and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Credentials Verification Service (FCVS) as an agent and partner in licensing physicians (FCVS) and the Credentials (FCVS) as a service (FCV

eLicense.Ohio.gov

License Look Up

8/23/2017 3:16 PM

ROBERT F CHOSY

Status	Inactive
Sub-Status	Emeritus
Board	Medical Board
	Doctor of Medicine (MD)
License Type	viedicine (iv
License Number	35.023526
License Issue Date	08/26/1959
License Expiration Date	04/01/2009
License Effective Date	04/02/2007
City	WORTHINGTON
	ОН
State	
Country	
Board Action	N_0

Board Action Details

Supervised By:

requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon. Disclaimer: The above is an accurate representation of real-time information currently maintained by the State Medical Board of Ohio. The Joint Commission and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing p

Chapter 4731-22 Emeritus Registration

4731-22-01 [Effective until 8/31/2017] Definitions.

As used in Chapter 4731-22 of the Administrative Code:

- (A) "Active" is a status that means an individual may perform acts that would constitute the practice of medicine requiring a license.
- (B) "Board" means the state medical board of Ohio.
- (C) "Registrant" means an individual who holds an emeritus registration.
- (D) "Retired" is a status that means an individual has no active license in another state, or agrees in the emeritus application that he or she will not apply for renewal or reinstatement of any license held in another state.

Cite as Ohio Admin. Code 4731-22-01

Effective: 08/31/2006

R.C. 119.032 review dates: 05/18/2006 and 08/31/2011

Promulgated Under: <u>119.03</u>
Statutory Authority: <u>4731.05</u>
Rule Amplifies: <u>4731.22</u>, <u>4731.34</u>
Prior Effective Dates: 7/1/99

4731-22-01 [Effective 8/31/2017] Definitions.

As used in Chapter 4731-22 of the Administrative Code:

- (A) "Active" is a status that means an individual may perform acts that would constitute the practice of medicine requiring a license.
- (B) "Board" means the state medical board of Ohio.
- (C) "Registrant" means an individual who holds an emeritus registration.
- (D) "Retired" is a status that means an individual has no active license in Ohio.

Cite as Ohio Admin. Code 4731-22-01

Effective: 8/31/2017

Five Year Review (FYR) Dates: 05/23/2017 and 08/31/2022

Promulgated Under: 119.03 Statutory Authority: 4731.05 Rule Amplifies: 4731.22, 4731.34 Prior Effective Dates: 7/1/99; 8/31/06

4731-22-02 [Effective until 8/31/2017] Application.

Any practitioner duly licensed to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, massage therapy, or cosmetic therapy in this state for at least ten years who declares that he or she is retired from active practice may apply to the board for emeritus registration. The practitioner may do so by indicating on his or her biennual registration form or in written correspondence to the Board if he or she is in fact retired and has not been the subject of disciplinary action in Ohio resulting in the revocation, suspension, probation, reprimand, or any other limitation of the physician's license to practice.

Cite as Ohio Admin. Code 4731-22-02



DATE 07/28/2014 DOCUMENT ID 201420601712 BIENNIAL REPORT OF PROFESSIONAL CORP

FILING EXPED 25.00 0.00

COPY CERT 0.00 0.00 0.00

Receipt

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THE FOUNDER'S WOMENS HEALTH CENTER 1243 E. BROAD STREET COLUMBUS, OH 43205

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 754373

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

DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s)

Document No(s):

BIENNIAL REPORT OF PROFESSIONAL CORP

Effective Date: 07/17/2014

201420601712



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 28th day of July, A.D. 2014.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

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

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: \$25

Biennial Report of Professional Corporation (102-YRA (even-numbered years	
ist Profession Medical	If foreign limited liability partnership, provide jurisdiction of formation
lame of Entity DOWNTOWN GYNECOLOGISTS	s; INC.
Charter or Registration Number 754373	17
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hareholders of Professional Corporation	
Authenticating this form constitutes a certification	n that all the below listed shareholders are duly licensed or otherwis ices in this state in the profession that is listed above.
Authenticating this form constitutes a certification	n that all the below listed shareholders are duly licensed or otherwisices in this state in the profession that is listed above. Address
Authenticating this form constitutes a certification egally authorized to render the professional servi	ices in this state in the profession that is listed above.
Authenticating this form constitutes a certification egally authorized to render the professional servi	Address
Authenticating this form constitutes a certification egally authorized to render the professional service Name Harley M. Blank, Mo	1243 E Brod St. Calumbus, DH 43205

ress of the partnership's chief executive office:		
Mailing Address		
City	State	Zip Code
e chief executive office is not in Ohio, the address	of any office of the partnership in Of	nio:
Mailing Address		
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signing and submitting this form to the Ohio Secret requisite authority to execute this document. quired port must be signed an officer of the offessional association partner or authorized presentative of the rtnership. By (if applicable authorized representative	Jashem	y certifies that he of she ha
an individual, then they ust sign in the "signature"	1	



DATE: 08/01/2012 DOCUMENT ID 201221301371 DESCRIPTION BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (12A) FILING 25.00 EXPED 00

PENALTY

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FWHC 1243 E. BROAD STREET COLUMBUS, OH 43205

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jon Husted

754373

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

DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s):

Document No(s):

BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION

201221301371



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 20th day of July, A.D. 2012.

Ohio Secretary of State

From White & Fish

6144859462

07/18/2012 08:37

#534 P.003/005



Form 520 Prescribed by the: Ohio Secretary of State

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

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 788 Columbus, OH 43216

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

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25 Check Only One (1) Box Biennial Report Biennial Report (1) X of Limited Liability 2012 of Professional Partnership(103-YRL) Corporation (102-YRA) Indicate Year (odd-numbered years) (even-numbered years) Indicate Year If foreign limited liability partnership, provide jurisdiction of formation List Profession Name of Entity DOWNTOWN GYNECOLOGISTS, INC. 20 Charter or Registration Number 754373 MA 6.0 Complete the information in this section if box (1) is checked Shareholders of Professional Corporation Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above. Address 243 E. Broad St. Columbus, DH 43205 Columbus OH4320

Form 520

Page 1 of 2

From:White & Fish

6144859462

07/18/2012 08:38

#534 P.004/005

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dress of the partnership's chie	executive office:		
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Walling Address			
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CNU 1112-1-		UNIO	JUAUS
City		State	Zip Code
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Mailing Address	7		
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authorized representative is a ignature" box, an authorized re rint Name" box.	business entity, not an individu epresentative of the business of	ual, then please print the bu entity must sign in the "By" t	siness name in the box and print their name in t



DATE: 03/01/2012 DOCUMENT ID 201206000829

DESCRIPTION BIENNIAL REPORT OF PROFESSIONAL CORP (10A) FILING

EXPED PENALTY

CERT .00 COPY .00

Receipt

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

WHITE & FISH LPA INC. 1335 DUBLIN ROAD - #201C ATTN: ARNOLD WHITE COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

754373

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DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL CORP

Document No(s):

201206000829



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 24th day of February, A.D. 2012.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

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

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Blennial Report of Professional	(2) Blennial Report of Limited Liability
Indicate Year Association (102-YRA) (even-numbered years)	Indicate Year Partnership (103-YRL) (odd-numbered years)
st Profession Medical	If foreign limited liability partnership, provide jurisdiction of formation
	T SERV
arne of Entity Downtown Gynecologists, Inc.	
narter or Registration Number 754373	
ly authorized to render the professional service	that all the below listed shareholders are duly licensed or otherwise ses in this state in the profession that is listed above.
ly authorized to render the professional service Name	hat all the below listed shareholders are duly licensed or otherwise ses in this state in the profession that is listed above. Address
ly authorized to render the professional service	ses in this state in the profession that is listed above.
ly authorized to render the professional service. Name	Address
Name Karl Schaeffer	Address 1243 E. Broad St., Columbus, Ohio 43205
Ily authorized to render the professional servic Name Karl Schaeffer Harley Blank	Address 1243 E. Broad St., Columbus, Ohio 43205 1243 E. Broad St., Columbus, Ohio 43205
Ily authorized to render the professional servic Name Karl Schaeffer Harley Blank	Address 1243 E. Broad St., Columbus, Ohio 43205 1243 E. Broad St., Columbus, Ohio 43205

Form 520

Page 1 of 2

	rmation in this section if	box (2) is checked	1	
tress of the partnership's ch	nief executive office:			
Mailing Address				
Ivialing Address				
City			State	ZIp Code
he chief executive office is r	not in Ohio, the address of a	any office of the part	tnership in Ohio:	
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			Ohio	
City			State	Zip Code
Name of Agent Mailing Address				
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			Ohio] [
City			State	Zip Code
y signing and submitting this quisite authority to execute the equired eport must be signed or an officer of the officer of the officesional association partner or authorized presentative of the artnership.	form to the Ohio Secretary this document. Signature By (if applicable)	of State, the under	signed hereby ce	rtifies that he or she has the
authorized representative	Judy Nolan			
an Individual, then they ust sign in the "signature" ox and print their name the "Print Name" box.	Print Name			
authorized representative is a authorized representative	a business entity, not an in of the business entity must	dividual, then pleas sign in the "By" box	e print the busine and print their na	ess name in the "signature" box ame in the "Print Name" box.

Form 520

Page 2 of 2



DATE: 03/01/2012 DOCUMENT ID 201206000829

DESCRIPTION BIENNIAL REPORT OF PROFESSIONAL CORP (10A)

FILING 25 00 EXPED P

PENALTY

CERT

COPY .00

Receipt

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

WHITE & FISH LPA INC. 1335 DUBLIN ROAD - #201C ATTN: ARNOLD WHITE COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

754373

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

DOWNTOWN GYNECOLOGISTS, INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL CORP

Document No(s):

201206000829



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 24th day of February, A.D. 2012.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

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

Biennial Report (Domestic, Professional Association, Domestic or Foreign LLP) Filing Fee: \$25

ECK ONLY ONE (1) Box	Filing Fee: \$25
2010 Biennial Report of Professional	of Limited Liability
Indicate Year Association (102-YRA) (even-numbered years)	Indicate Year Partnership (103-YRL) (odd-numbered years)
	If foreign limited liability
Tandled	partnership, provide jurisdiction of formation
ist Profession Medical	Junsaicaur o tornator
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arne of Entity Downtown Gynecologists, Inc.	<
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Form 520

Page 1 of 2

ress of the partnership's cl	nief executive office:			
Mailing Address				
City			State	Zip Code
	not in Ohio, the address of a	any office of the par		
Mailing Address				
		1	Chi-	
City		الــــــا	Ohio	Zip Code
Name of Agent				
Mailing Address	W.			
The state of the s			Ohio	
City			State	Zip Code
signing and submitting this uisite authority to execute fuired port must be signed an officer of the feesional association eartner or authorized resentative of the inership.		of State, the unde	rsigned hereby or	ertifies that he or she has the
uthorized representative in individual, then they st stgn in the "signature" and print their name he "Print Name" box.	Judy Nolan Print Name			
uthorized representative is authorized representative	a business entity, not an in of the business entity must	dividual, then pleas	se print the busin and print their n	ess name in the "signature" box ame in the "Print Name" box.

Form 520

Page 2 of 2



ummary	ParcelID: 010-038351-00 TWELVE FORTY THREE		Map-Rt: 010-1	005 -012-00 E BROAD ST	
and Profile			2210		1 of 1 Return to Search Results
esidential	Owner				
ommercial	Owner	TWELVE F	ORTY THREE		Actions Neighborhood Sales
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apping	Legal Description	1243 E B	ROAD ST		Custom Report Builder
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	Transfer Price	\$140,000)		
	Instrument Type				
	2016 Tax Status				
	Property Class	C - Comi			
	Land Use		VELLING CONVERTED TO	OFFICE	
	Tax District		TY OF COLUMBUS OLUMBUS CSD		
	School District City/Village	COLUMB			
	Township				
	Appraisal Neighborhood	X1201			
	Tax Lien	No No			
	CAUV Property Owner Occ. Credit		o 2017: No		
	Homestead Credit		o 2017: No		
	Rental Registration	No			
	Board of Revision Zip Code	No 43205			
	2016 Current Market Value				
	wate was our result and		Improvomental	Total	
	Base	76,900	Improvements 219,500	296,400	
	TIF	,			
	Exempt				
	Total	76,900	219,500	296,400	
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	2016 Taxable Value			No. IV.	
		Land	Improvements	Total	Et-Bull Eur
		B (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TILIDI O A CHIICHE	rocar	

Franklin County Auditor

TIF Exempt

Total

26,920

76,830

103,750

2016 Taxes

CDQ Taxes Paid **Net Annual Tax** 9,028.86 9,028.86

Dwelling Data

Yr Built	Tot Fin Area	Rooms	Bedrooms	Full Baths	Half Baths
1900	5,814	22	19	1	

Site Data

Frontage	Depth	Acres	Historic District	
Tomeage		2943		

Disclaimer:

Disclaimer:

The information on this web site is prepared from the real property inventory maintained by the Franklin County Auditor's Office. Users of this data are notified that the primary information source should be consulted for verification of the information contained on this site. The county and vendors assume no legal responsibilities for the information contained on this site. Please notify the Franklin County Auditor's Real Estate Division of any discrepancies.

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080720

PICTUTIOUS NAME CERTIFICATE

Pursuant to Ohio Revised Code Chapter 1777, this fictitious name certificate is made for recordation with the Recorder of Franklin County.

The name of the partnership is:

The Twelve Forty Three Company An Ohio General Partnership

The names and addresses of all the general partners are as follows:

Harley M. Blank, M.D. 5609 Woodridge Drive Columbus, Ohio 43213

Robert F. Chosy, M.D. 250 Highgate Avenue Worthington, Ohio 43085

Karl I. Schaeffer, M.D. 5745 Southbridge Lane 6272 Windrush Karl I. Schaeffer Columbus Ohio 43313-

Harley M. Blank, M.D.

Blacklick, Thio 43004

STATE OF OHIO 88. COUNTY OF FRANKLIN)

BE IT REMEMBERED, that on this 20 day of July, 1990, before me, a Notary Public in and for the State of Ohio, personally appeared Harley M. Blank, M.D., Robert F. Chosy, M.D. and Karl I. Schaeffer, M.D. General Partners, in the foregoing instrument, who acknowledged their signatures to be their free act and deed.

IN TESTIMONY THEREOF, hereunto set my hand and affixed my official seal on the aforementioned.

This Document Prepared By Edward M. Kochalski, Esq., 106 Short Street, Suite 205

Gahanna, Ohio 43230 (614) 475-0007

RECHEBED FRANKLIN CO., ONEO

JUL 26 1990

MOSEPH W. FESTA DECORDA! NEDCLASSIFIES / OF



State of Ohio License Information

Ambulatory Surgical **Facility Program** Page

CAPITAL CARE NETWORK

0763AS State ID:

Provider Demographics

Address:

1160 WEST SYLVANIA AVENUE

TOLEDO, OH 43612

LUCAS County:

Phone Number: (419)478-6801 Fax Number: (419) 478-6968

E-mail Address: terriehubbard@gmail.com

Ownership:

N/A

Operator: Administrator: T&S MANAGEMENT OF COLUMBUS, LLC

ANGELA FLORES

1243 E BROAD STREET Mailing Address:

COLUMBUS, OH 43205

State of Ohio License Information

General License Information:

License Status:

ACTIVE

Licensed Date:

04/28/2012

License Expiration Date: 04/30/2013 Open Date:

04/28/2005

Licensed Capacity:

3

Services:

ABORTION

* A mailing address will appear if it is different from the business address

BACK

NEW SEARCH

Enhanced Information Dissemination Version 3.0 Software release on: 07/28/2016