

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

Notice of Dissolution of

Physical Medicine Associates, Inc.

Name of Corporation

Physical Medicine 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:

59 N. 4th Street

Address

Zanesville

City

Ohio

State

43701

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.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Physical Medicine Associates, Inc.

Name of Corporation

The undersigned being duly sworn, declares that on the dates indicated below, each of the named state agencies was advised in writing of the scheduled effective date of the dissolution and was advised in writing of the acknowledgment by the corporation of the applicability of the provisions of Ohio Revised Code section 1701.95.

The corporation acknowledges that the dissolution of the corporation does not in and of itself automatically relieve the corporation from payment of tax liabilities.

Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	Date Notified (MM/DD/YYYY) 02/07/2025	Agency Ohio Job & Family Services P.O. Box 182404 Columbus, OH 43218-2404	Date Notified (MM/DD/YYYY) 02/07/2025
Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382	Date Notified (MM/DD/YYYY) 05/20/2025	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

* The corporation has submitted the prescribed form to the Ohio Department of Taxation.

Note: This affidavit must be signed by the person executing the certificate or by an officer of the corporation.

Signature

Robert Perkins

Title

President

Robert Perkins, M.D.

Name

7269 Sawmill Road, Suite 150

Mailing Address

Dublin

City

Ohio

State

43016

ZIP Code

State of

Ohio

County of

Franklin

Sworn to or affirmed and subscribed before me by

Robert Perkins

Name of person making oath or affirmation

on this date

08/11/2025

Today's Date (MM/DD/YYYY)



Notary Public's Signature

David A. Joyce

01-20-2030

Expiration Date of Notary's Commission (MM/DD/YYYY)

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

☒ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☐ Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to or affirmed and subscribed before me by

Name of person making oath or affirmation

on this date

Today's Date (MM/DD/YYYY)



Notary Public's Signature

Expiration Date of Notary's Commission (MM/DD/YYYY)

Instructions for Certificate of Dissolution

This form should be used for a for-profit, domestic corporation to file a certificate of dissolution pursuant to Ohio Revised Code section 1701.86.

Corporation Information

Please provide the name of the corporation and the charter number assigned by our office.

Also, please provide the location of the principal office in Ohio including the city and county.

Internet Address Information

Please provide the internet address of any domain name held or maintained on behalf of the corporation. If the corporation did not hold or maintain any domain name, please indicate so by checking the box.

Appointment of Agent

Ohio business entities and foreign business entities that are registered or licensed in Ohio must appoint and maintain a statutory agent to accept service of process. The statutory agent must be one of the following: (1) A natural person residing in Ohio; or (2) a domestic or foreign business entity with an Ohio address.

Statutory Agent Address Requirements

A statutory agent address may either be the primary residence address of the agent or the usual place of business address. The statutory agent address must be an Ohio address.

Statutory Agent Address Prohibitions

Post Office (P.O.) boxes are **NOT** allowed.

Exception: If a Post Office Box and Rural Route Number are both provided, the address is allowed.

Commercial Mail Receiving Agency (CMRA) addresses are **NOT** allowed. A CMRA is a private business that rents private mailboxes to customers.

Date of Dissolution

Pursuant to Ohio Revised Code section 1701.86(F)(7), the date of dissolution must be on the date of filing with our office, or a later date specified that is not more than 90 days after the date of filing.

Notice of Dissolution

Please attach a copy of the notice provided by the corporation, as required by the Ohio Revised Code section 1701.87(B), or complete the notice form on page 5.

Statement of Manner and Basis for Dissolution

Pursuant to Ohio Revised Code section 1701.86(F)(3), the certificate must provide a statement of the manner of adoption of the resolution of dissolution, and in the case of its adoption by the incorporators or directors, a statement of the basis of the adoption. Please check the appropriate box to state the resolution of adoption was adopted by the Incorporators, Directors or Shareholders. If adopted by Incorporators, please provide the names and addresses of all the incorporators. If adopted by Directors, please check one of the five boxes to state the basis for the adoption, as stated in Ohio Revised Code section 1701.86(D).

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please submit additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)

After completing all information on the filing form, please make sure that page 4 is signed by the incorporators or a majority of them, if dissolved by incorporators. If dissolved by directors or shareholders, the dissolution must be signed by an authorized officer.

****Note:** Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.