Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

2024 Assumed Business Name Renewal
Registry Number: 73428584
Date of Registration: 03/28/2000
Fee: $50
Renewal Due Date: 03/28/2024

Note: Renewal due every two years

FILED: APR 5, 2024
OREGON SECRETARY OF STATE

73428584-26108319
PHYSICIANS ANSWERING SERVICE **REN**

Name of Assumed Business Name Registration:
PHYSICIANS ANSWERING SERVICE

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

Principal Place of Business: 5100 SW MACADAM AVE STE 210 PORTLAND OR 97239
(Physical Street Address)

Authorized Representative: ~~ALAN N ZAR~~ DAVID RODMAN
Mailing Address: 345 WITHERSPOON ST PRINCETON NJ 08542

Registrant(s) - Name(s) and Physical Address(es):
MEDICAL MESSAGING, INC. 345 WITHERSPOON ST PRINCETON NJ 08542

Counties:

☑ BAKER	☑ CROOK	☑ HARNEY	☑ LAKE	☑ MORROW	☑ UNION
☑ BENTON	☑ CURRY	☑ HOOD RIVER	☑ LANE	☑ MULTNOMAH	☑ WALLOWA
☑ CLACKAMAS	☑ DESCHUTES	☑ JACKSON	☑ LINCOLN	☑ POLK	☑ WASCO
☑ CLATSOP	☑ DOUGLAS	☑ JEFFERSON	☑ LINN	☑ SHERMAN	☑ WASHINGTON
☑ COLUMBIA	☑ GILLIAM	☑ JOSEPHINE	☑ MALHEUR	☑ TILLAMOOK	☑ WHEELER
☑ COOS	☑ GRANT	☑ KLAMATH	☑ MARION	☑ UMATILLA	☑ YAMHILL

Business Description: (Primary business activity) TELEPHONE ANSWERING SERVICE

Signatures: New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, that this filing has been examined by me and is, to the best of my knowledge and belief true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: _____
Contact Name: DAVID RODMAN

Signature: _____
Phone Number: 609-921-7177

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.