Assumed Business Name - Amendment

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Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

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OREGON
SECRETARY OF STATE

Paid
Receipt #

REGISTRY NUMBER: 734285-84

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet If Necessary.

1. **CURRENT BUSINESS NAME:** Physicians Answering Service

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:**

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** (•) or **NEW** ( )

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

7. **REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

	Street Address	City	State	Zip
a. NEW REGISTRANTS/OWNERS:				
Medical Messaging, Inc.	345 Witherspoon Street	Princeton	NJ	08542
b. WITHDRAWING REGISTRANTS/OWNERS:				
Medical Message, Inc.	345 Witherspoon Street	Princeton	NJ	08542

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip

9. COUNTIES:

☒ ALL COUNTIES (Statewide)	☐ 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

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.
By my signature, I declare as an authorized 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: A. N. Zar

Printed Name: Alan N Zar

CONTACT NAME: (To resolve questions with this filing)
Cherese DeLisa

PHONE NUMBER: (Include area code)
609-921-7177 Fax 609-921-7976

PHYSICIANS ANSWERING SERVICE
73428584-18091480 AMDREG

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