RENEWAL OF REGISTRATION

Corporation Division
www.filinginoregon.com

E-FILED
Feb 18, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

73428584

REGISTRATION DATE

03/28/2000

BUSINESS NAME

PHYSICIANS ANSWERING SERVICE

BUSINESS ACTIVITY

TELEPHONE ANSWERING SERVICE

TYPE

ASSUMED BUSINESS NAME

PRIMARY PLACE OF BUSINESS

5100 SW MACADAM AVE STE 210
PORTLAND OR 97239 USA

JURISDICTION

OREGON

COUNTIES

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

AUTHORIZED REPRESENTATIVE

ALAN N ZAR

345 WITHERSPOON ST
PRINCETON NJ 08542 USA

REGISTRANT/OWNER

132585399 - MEDICAL MESSAGING, INC.

345 WITHERSPOON ST
PRINCETON NJ 08542 USA

I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

ALAN N ZAR

TITLE

AUTHORIZED REPRESENTATIVE

DATE SIGNED

02-18-2020