# RENEWAL OF REGISTRATION



## **E-FILED**

Mar 18, 2016

#### **OREGON SECRETARY OF STATE**

#### **REGISTRY NUMBER**

67403791

#### **REGISTRATION DATE**

03/19/2010

## **BUSINESS NAME**

HILLSBORO INTERNAL MEDICINE

## **BUSINESS ACTIVITY**

HILLSBORO INTERNAL MEDICINE OFFERS FULL SPECTRUM OF SERVICES TO HELP IN TIMESE OF ILLNESS OR INJURY.

## **TYPE**

ASSUMED BUSINESS NAME

## **PRIMARY PLACE OF BUSINESS**

364 SE 8TH AVENUE SUITE 301 HILLSBORO OR 97123 USA

#### **JURISDICTION**

**OREGON** 

## **COUNTIES**

WASHINGTON

#### **AUTHORIZED REPRESENTATIVE**

5375712 - TUALITY HEALTHCARE

335 SE 8TH AVENUE HILLSBORO OR 97123 USA

## **REGISTRANT/OWNER**

5375712 - TUALITY HEALTHCARE

335 SE 8TH AVE HILLSBORO OR 97123 USA



#### **OREGON SECRETARY OF STATE**

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.

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

MANUEL S BERMAN

**TITLE** 

**AUTHORIZED REPRESENTATIVE** 

**DATE SIGNED** 

03-18-2016