



DATE 08/06/2010	DOCUMENT ID 201021800739	DESCRIPTION BIENNIAL REPORT OF PROFESSIONAL CORP (10A)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
--------------------	-----------------------------	--	-----------------	--------------	---------	-------------	-------------

Receipt

This is not a bill. Please do not remit payment.

NORTHEAST PROFESSIONAL HOME CARE, INC.
1177 S. MAIN STREET
NORTH CANTON, OH 44720

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

902946

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NORTHEAST PROFESSIONAL HOME CARE INC.

and, that said business records show the filing and recording of:

Document(s):

BIENNIAL REPORT OF PROFESSIONAL CORP

Document No(s):

201021800739



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 30th day of July, A.D.
2010.

Ohio Secretary of State



**Form 520 Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to **one** of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

***** Requires an additional fee of \$100 *****

☒ Non Expedite PO Box 788
Columbus, OH 43216

BIENNIAL REPORT

Filing Fee: \$25

RECEIVED

JUL 30 2010

(CHECK ONLY ONE (1) BOX)

(1) ☒ 2010 (indicate year) Biennial Report
of Professional Corporation (102-YRA)
(even-numbered years)

List Profession Home Health Care

(2) ☐ (indicate year) Biennial Report
of Limited Liability Partnership (103-YRL)
(odd-numbered years)

If foreign limited liability partnership, provide
jurisdiction of formation _____

SECRETARY OF STATE

Name of Entity Northeast Professional Home Care, Inc.

Charter or Registration Number 00902946

Complete the information in this section if box (1) is checked

Shareholders of Professional Corporation

Authenticating this form constitutes a certification that all of the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name
Eunsook Vallone

Address
3812 Woodleigh Ave NW

Canton, Ohio 44718

Complete the information in this section if box (2) is checked

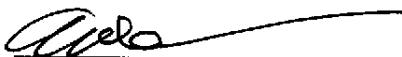
Address of the partnership's chief executive office:

Mailing Address_____
City_____
State_____
Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address_____
City_____
Ohio
State_____
Zip CodeIf the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:_____
Name of Agent_____
Mailing Address_____
City_____
Ohio
State_____
Zip Code☐ If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIREDMust be authenticated
(signed) by an authorized
representative
(See Instructions)_____
Signature

Eunsook Vallone

Print Name7/26/2010

Date