



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/10/2010	201025200509	BIENNIAL REPORT OF PROFESSIONAL CORP (10A)	25.00	.00		.00	.00

Receipt

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

LPM INC
7537 MENTOR AVE - SUITE 207A
MENTOR, OH 44060

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1739836**

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

LUNDEEN PHYSICAL MEDICINE, INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL CORP

Document No(s):

201025200509

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 8th day of September,
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

(CHECK ONLY ONE (1) BOX)

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

List Profession Medicine

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

If foreign limited liability partnership, provide
jurisdiction of formation _____

Name of Entity LUNDEEN PHYSICAL MEDICINE INC

Charter or Registration Number 1739836

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

James E Lundeen Sr MD

Address

PO Box 206, New Haven, OH 44850

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

James E Lundeen Sr MD

Print Name

08/07/2010

Date