



Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Re: LUNDEEN PHYSICAL MEDICINE, INC.  
Registration No: 1739836  
Original Date: 11/13/2007

10/18/2012

STEPHEN M. NECHEMIAS  
425 WALNUT STREET  
SUITE 1800  
CINCINNATI, OH 45202

Dear Sir or Madam:

Section 1785.06 of the Ohio Revised Code requires each corporation, organized under Chapter 1785, to file a statement of names and addresses of shareholders after June 30th and no later than July 30th of each even numbered year.

The above-named corporation is delinquent in filing the report for the reporting year, 2012. Any reports that are delinquent for previous reporting years must also be submitted. A twenty-five dollar (\$25.00) filing fee for each delinquent year must accompany each report. The report(s) must be signed by an officer of the corporation. **FAILURE TO FILE THE REPORT(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE WILL RESULT IN THE CANCELLATION OF THE CORPORATION'S ARTICLES OF INCORPORATION.** Please submit the completed form(s) together with the appropriate filing fee to the Secretary of State, P.O. 788, Columbus, Ohio 43216-0788.

This notice is sent to you in your capacity as statutory agent of record. If the agent or address of the agent has changed, it will be necessary for the corporation to file a Statutory Agent Update Form 521. The filing fee is twenty-five dollars (\$25.00).

We are required by statute to notify all professional corporations of the need to file the report if they are still listed as an active corporation on our records. However, in some instances, this notice will be received by corporations that are no longer active. If a corporation is no longer active, it should be dissolved pursuant to Ohio Revised Code Section 1701.86. The filing fee for dissolution is fifty dollars (\$50.00).

If you have questions regarding this notice, please contact our customer service department at (614) 466-3910 or (toll free) 1-877-SOS-FILE or email them at [BusServ@OhioSecretaryofState.gov](mailto:BusServ@OhioSecretaryofState.gov). You may also visit our website at [www.OhioSecretaryofState](http://www.OhioSecretaryofState) to contact us or review your corporate records.

Sincerely,

A handwritten signature in black ink that reads "Jon Husted".

Jon Husted  
Secretary of State

Enclosures


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

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

*www.OhioSecretaryofState.gov*  
*Busserv@OhioSecretaryofState.gov*

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 788  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

**Biennial Report**  
(Domestic, Professional Association, Domestic or Foreign LLP)  
Filing Fee: \$25

Check Only One (1) Box

(1) ☒ **2012** **Biennial Report  
of Professional  
Corporation (102-YRA)**  
Indicate Year (even-numbered years)

List Profession

(2) ☐ **Biennial Report  
of Limited Liability  
Partnership (103-YRL)**  
Indicate Year (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 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

Address

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|  |  |

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

State

Zip Code

If 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

State

Zip Code

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.

**Required**

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" Box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

## Instructions for Biennial Report

This form must be used to file a biennial report for a domestic (Ohio) professional association or a domestic or foreign limited liability partnership.

If you wish to file a biennial report for a domestic professional association, please select box 1. Pursuant to Ohio Revised Code §1785.06, a professional association must file a biennial report in each even-numbered year within thirty days after the thirtieth day of June. Please indicate the year of the filing in box 1. Also, indicate the professional service which must be the same professional service for which the association was organized.

If you wish to file a biennial report for a limited liability partnership, please select box 2. Pursuant to Ohio Revised Code §1776.83, a limited liability partnership must file a biennial report between the first day of April and the first day of July of each odd-numbered year. Please indicate the year of the filing in box 2. If the limited liability partnership is a foreign entity registered in Ohio, please also provide the jurisdiction of formation in the box.

**Name of Entity and Charter or Registration Number** The name and charter or registration number of the professional association or limited liability partnership must be provided.

**Professional Association Requirements** For professional associations only, please provide the names and addresses of all of the shareholders in the association. By completing this portion of the form, the corporation certifies that all of the shareholders in the association are duly licensed, certified, or otherwise legally authorized within Ohio to render the same professional service for which the association was organized.

**Limited Liability Partnership Requirements** For limited liability partnerships only, please provide the street address of the partnership's chief executive office and, if the partnership's chief executive office is not in Ohio, provide the street address of any office of the partnership in this state. If the partnership does not have an office in Ohio, then provide the name and address of the partnership's current agent for service of process.

**Additional Provisions** If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

**Signature(s)** After completing all information on the filing form, please make sure that the form is signed by an authorized representative. If the entity is a professional association, the report must be signed by an officer of the association. If the entity is a limited liability partnership, the report must be signed by a partner or an authorized representative of the partnership.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**