



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/25/2018	201820600480	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (18A)	25.00				0

Receipt

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

NEWARK FAMILY DENTISTRY, INC
136 WEST MAIN
NEWARK, OH, 43055

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

755839

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

NEWARK FAMILY DENTISTRY INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION

Effective Date: 07/25/2018

Document No(s):

201820600480



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 25th day of July, A.D. 2018.

Ohio Secretary of State

Form 520 Prescribed by:

Date Electronically Filed: 7/25/2018

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25

Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☒ Biennial Report of Professional Association (102-YRA) (even-numbered years)

Indicate Year

List Profession

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

Indicate Year

If foreign limited liability partnership, provide jurisdiction of formation

Name of Entity

Charter or Registration Number

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

Shareholders of Professional Association

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

Complete the applicable 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.

Signature

By (if applicable)

Print Name

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.