



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/06/2018	201834001196	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

CANNON, AVENI & MALCHESKY CO., L.P.A.
41 E. ERIE ST.
PAINESVILLE, OH 44077

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2085510

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

LOUIS DEMICCO, D.O., INC.

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

Document(s)

REINSTATEMENT

Document No(s):

201834001196

Effective Date: 12/06/2018



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
6th day of December, A.D. 2018.

Ohio Secretary of State

Form 525B Prescribed by:

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.](#)

Reinstatement

Filing Fee: \$25
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

- (1) ☐ Reinstatement of a Nonprofit Corporation
(for failure to file a statement of continued
existence)
(109-RENN)

- (2) ☐ Reinstatement of a Limited Liability
Partnership (for failure to file biennial report(s))
(112-PLR)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL
REPORT(S) AND FILING FEE(S)

Cancellation Date

The entity was canceled on

- (3) ☒ Reinstatement of a Professional Corporation
(for failure to file biennial report(s))
(110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND
FILING FEE(S))

Name of Entity

Charter/Registration Number

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

Reinstatement must
be signed by an authorized
representative. (see instructions
for specific information)

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

Signature

By (if applicable)

Print Name



Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- ☐ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- ☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- ☐ **Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- ☐ **Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- ☐ **Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- ☐ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

Form 520 Prescribed by:

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.govBusserv@OhioSecretaryofState.gov

File online or for more information:

www.OHBusinessCentral.com**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.

P.O. Box 1390 Requires an additional \$100.00.)

Columbus, OH 43216

[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) ☒	2018	Biennial Report of Professional Association (102-YRA) (even-numbered years)
Indicate Year		
List Profession	Occupational Health	

(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	Louis DeMicco D.O., Inc.
Charter or Registration Number	2085510

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)

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

Print Name

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.

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.**