DOC ID ----> 202424803270

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/05/2024	202424803270	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (24A)	25.00	0.00	0.00	0.00

Receipt

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

ROBERT DEBIEC, D.P.M., INC.
1265 BOARDMAN-CANFIELD ROAD
YOUNGSTOWN, OH 44512

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

715321

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

ROBERT DEBIEC, D.P.M., INC.

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

Document(s)

BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION

Effective Date: 09/04/2024

Document No(s):

202424803270

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 5th day of September, A.D. 2024.

Ohio Secretary of State

DOC ID ----> 202424803270

Form 520 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.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

For screen readers, follow instructions located at this path.

2024 SEP 4 PM 2:07

Biennial Report
(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: $25
Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☑ 2024 Indicate Year — Biennial Report of Professional Association (102-YRA) (even-numbered years)

List Profession: Podiatry

(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: Robert Debiec DPM Inc

Charter or Registration Number: 715321

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
Robert Debiec DPM Inc	

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

Address of the partnership's chief executive office:

1765 Boardman-Canfield Rd
Mailing Address

Youngstown | Ohio | 44512
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 | OH | Zip Code
State

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.

Robert Delvec DPM Inc
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.