

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90430 014 ***150.00

DOCUMENT # F05000003813	
1. Entity Name OHIO MEDICAL CORPORATION	

Principal Place of Business 287 BOWMAN AVENUE, THIRD FLOOR PURCHASE, NY 10577	Mailing Address % WILDMAN HARROLD - JOHN EISEL 225 W. WACKER DR. CHICAGO, IL 60606
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2. Principal Place of Business 1111 Lakeside Drive	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gurnee, Illinois	City & State
Zip 60031-4099	Country USA



04202006 Chg-P CR2E034 (11/05)

4. FEI Number 33-1119787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOKARZ, MICHAEL 287 BOWMAN AVENUE, THIRD FLOOR PURCHASE, NY 10577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Director James Koppa 1111 Lakeside Drive, Gurnee, Illinois 60031-4099 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HADANI, DAVID 287 BOWMAN AVENUE, THIRD FLOOR PURCHASE, NY 10577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Peter Seidenberg 287 Bowman Avenue, Third Floor Purchase, NY 10577 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Tokarz 287 Bowman Avenue, Third Floor Purchase, NY 10577 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Hadani 287 Bowman Avenue, Third Floor Purchase, NY 10577 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dennis Leary One Market Street, Steuart Tower, Suite 2675 San Francisco, CA 94105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Pinto 520 Madison Avenue, 40th Floor New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James Koppa, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6/27/06** 847-855-0800 Daytime Phone #

Wildman, Harrold, Allen & Dixon LLP

225 West Wacker Drive
Chicago, Illinois 60606-1229
312-201-2000
312-201-2555 fax
www.wildmanharrold.com



Wildman Harrold
Attorneys and Counselors

Lorena C. Magaña
312-201-2344
magana@wildmanharrold.com

ATTACHMENT

40080384

April 28, 2006

Via Federal Express

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

Re: Ohio Medical Corporation (F05000003813)

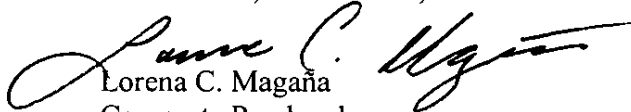
Dear Sir/Madam:

Enclosed is the 2006 Florida Annual Report for the above corporation, together with a check in the amount of \$150.00 for the filing fees. Please accept this report for filing and kindly acknowledge receipt of the report by stamping the copy "Received" and returning to me in the enclosed self addressed stamped envelope.

If you have any questions regarding the enclosed, please feel free to contact me at the above number. Thank you for your assistance.

Sincerely,

WILDMAN, HARROLD, ALLEN & DIXON LLP


Lorena C. Magaña
Corporate Paralegal

Enclosures

cc: Christopher J. Douglass (w/o encl.)

ATTACHMENT 40080384

**ATTACHMENT TO THE 2006 FLORIDA
ANNUAL REPORT FOR**

OHIO MEDICAL CORPORATION (F05000003813)

11. Name and address of additional directors:

Director
Phillip T. George
2601 South Bayshore Drive
Suite 725
Miami, FL 33133

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