2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003813

1. Entity Name
OHIO MEDICAL CORPORATION

Principal Place of Business	Mailing Address
1111 LAKESIDE DRIVE GURNEE, IL 60031-4099	% WILDMAN HARROLD - JOHN EISEL 225 W. WACKER DR. CHICAGO, IL 60606

U00000630490
02/20/07-80009-004 150.00

DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1119787

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	KOPPA, JAMES
STREET ADDRESS	1111 LAKESIDE DRIVE
CITY-ST-ZIP	GURNEE, IL 600314099
TITLE	D
NAME	HADANI, DAVID
STREET ADDRESS	287 BOWMAN AVENUE, THIRD FLOOR
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	SD
NAME	SEIDENBERG, PETER
STREET ADDRESS	287 BOWMAN AVE. 3RD FL.
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	D
NAME	TOKARZ, MICHAEL
STREET ADDRESS	287 BOWMAN AVE. 3RD FL
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	D
NAME	LEARY, DENNIS
STREET ADDRESS	ONE MARKET STREET STEUART TOWER STE 2675
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	D
NAME	PINTO, JAMES
STREET ADDRESS	520 MADISON AVE 40TH FL.
CITY-ST-ZIP	NEW YORK, NY 10022

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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 1/25/2007 847-855-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #