

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 1111 LAKESIDE DRIVE GURNEE, IL 60031-4099	Mailing Address % WILDMAN HARROLD - JOHN EISEL 225 W. WACKER DR. CHICAGO, IL 60606
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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	DO NOT WRITE IN THIS SPACE
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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.

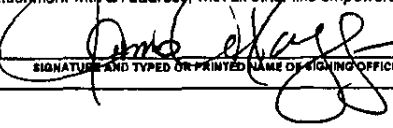
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

DO NOT WRITE IN THIS SPACE

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 007, 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 #