



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/07/2006	200621602214	ANNUAL REPORT OF PROFESSIONAL CORP (06A)	25.00	.00	.00	.00	.00

Receipt

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

CLOUSE CLINIC
116 W. MAIN STREET
SOMERSET, OH 43783

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1613875

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

JEFFREY VAN METER, M.D., INC.

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

Document(s)

ANNUAL REPORT OF PROFESSIONAL CORP

Document No(s):

200621602214



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 4th day of August, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

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☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100***

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Columbus, OH 43216

BIENNIAL REPORT

(For Domestic or Foreign Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> 2006 (indicate yr) Biennial Report of Professional Corporation (even-numbered years, beginning in 2002) List Profession <u>Practice of medicine</u> (102-YRA)</p>	<p>(2) <input type="checkbox"/> (indicate year) Biennial Report of Registered Partnership Having Limited Liability (odd-numbered, beginning in 2003) (103-YRL)</p>
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Complete ALL of the general information in this section for the box checked above.

DO HEREBY STATE THE FOLLOWING:

Name of Entity Jeffrey Van Meter, M.D., Inc.

Charter or Registration No. 1613875

☐ Check here if additional provisions are attached

Complete the information in this section if box (1) is checked.

Shareholders of Professional Corporation

Authenticating this form constitutes a certification that all of the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the practice that is listed above.

Names & Addresses **NOTE: P.O. Box Addresses are NOT acceptable.**

Jeffrey P. Van Meter, M.D. 116 West Main Street, Somerset, Ohio 43783

Complete the information in this section if box (2) is checked.**Please complete the appropriate information (either A or B)****(A)** The Address of the Partnership's principal Office in Ohio is116 W. Main St.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Somerset

(City)

Perry

(County)

Ohio

(State)

43783

(Zip Code)

(B) The Address of the Partnership's Office is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

List Nature of BusinessMedical office**Name and Address of**

(Name)

Agent (if applicable)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

REQUIRED

Must be authenticated
(signed) by a authorized
representative
(See Instructions)

Authorized Representative

Date

7/31/06