



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/04/2008	200806400442	ANNUAL REPORT OF PROFESSIONAL CORP (06A)	25.00	.00	.00	.00	.00

**Receipt**

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

TODD W. BARTIMOLE  
23240 CHAGRIN BLVD. - #100  
BEACHWOOD, OH 44122

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1575437**

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

**ELDER LAW OFFICE OF TODD W. BARTIMOLE, CO. LPA**

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

Document(s)

**ANNUAL REPORT OF PROFESSIONAL CORP**

Document No(s):

**200806400442**

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 25th day of February,  
A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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☐ Yes PO Box 1390  
Columbus, OH 43216

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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)**

(1) ☒ 2006 (indicate yr) Biennial Report of Professional  
Corporation (even-numbered years, beginning in 2002)  
List Profession Legal  
(102-YRA)

(2) ☐ \_\_\_\_\_ (indicate year) Biennial Report  
of Registered Partnership Having Limited Liability  
(odd-numbered, beginning in 2003)  
(103-YRL)

**Complete ALL of the general information in this section for the box checked above.**

DO HEREBY STATE THE FOLLOWING:

Name of Entity Elder Law Office of Todd W. Bartimole, Co. LPACharter or Registration No. 1575437☐ 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.**

Todd W. Bartimole, 23240 Chagrin Blvd. Suite 100 Commerce Park Four, Beachwood Ohio 44122

**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 is

(Street)

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

(City)

(County)

**Ohio**

(State)

(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 Business****Name and Address of**

(Name)

**Agent (if applicable)**

(Street)

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

(City)

(County)

**Ohio**

(State)

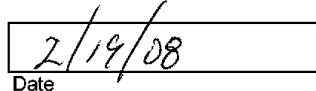
(Zip Code)

**REQUIRED**

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



Authorized Representative



Date