



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/17/2008	200819802146	ANNUAL REPORT OF PROFESSIONAL CORP (08A)	25.00	.00	.00	.00	.00

Receipt

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

KRUGLIAK, WILKINS, GRIFFITHS DOUGHERTY CO LPA
4775 MUNSON ST NW, P O BOX 36963
ATTN: TERA M STUDEBAKER
CANTON, OH 44735-6963

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**454183**

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

CANTON UROLOGY ASSOCIATES, INC.

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

Document(s)

ANNUAL REPORT OF PROFESSIONAL CORP

Document No(s):

200819802146

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 10th day of July, A.D.
2008.

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

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ YesPO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100***

☒ NoPO Box 788
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) ☒ 2008 (indicate yr) Biennial Report of Professional
Corporation (even-numbered years, beginning in 2002)
List Profession Medicine
(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 Canton Urology Associates, Inc.Charter or Registration No. 454183☐ 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.**George W. Kmetz 2600 Tuscarawas Street, West, Suite 400, Canton, Ohio 44708Charles T. Kraus 2600 Tuscarawas Street, West, Suite 400, Canton, Ohio 44708Vasant N. Betkerur, M.D. 2600 Tuscarawas Street, West, Suite 400, Canton, Ohio 44708Lee Anne Matthew, M.D. 2600 Tuscarawas Street, West, Suite 400, Canton, Ohio 44708Timothy Coblantz, M.D. 2600 Tuscarawas Street, West, Suite 400, Canton, Ohio 44708

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)

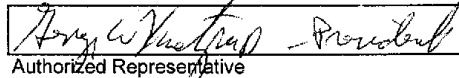
Ohio

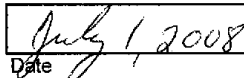
(State)

(Zip Code)

REQUIRED

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


Authorized Representative


Date