

DATE: 10/07/2009

DOCUMENT ID 200928000772

DESCRIPTION ANNUAL REPORT OF PROFESSIONAL CORP (93A)

FILING 25.00 EXPED

PENALTY

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Receipt

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

NSI ATTN: TENA LUMPKINS 145 BAKER STREET MARION, OH 43302

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

566276

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

ORTHOPEDIC RECONSTRUCTIVE SURGERY, INC.

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

Document(s)

Document No(s):

ANNUAL REPORT OF PROFESSIONAL CORP

200928000772



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 22nd day of September, A.D. 2009.

Ohio Secretary of State



Form 520 Prescribed by the: Ohio Secretary of State

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

www.sos.state.oh.us Busserv@sos.state.oh.us Expedite this form: (select one) Mail form to one of the following:

PO Box 1390
Columbus, OH 43216
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BIENNIAL REPORT Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)	
(1) 2 1993 (Indicate year) Biennial Report	(2) (indicate year) Biennial Report
of Professional Corporation (102-YRA)	of Limited Liability Partnership (103-YRL)
(even-numbered years)	(odd-numbered years)
• •	
List Profession orthopedic surgery	If foreign limited liability partnership, provide
	jurisdiction of formation
N	vo Surgon, Inc
Name of Entity Orthopedic Reconstructive	ve Surgery, mc.
Charter or Registration Number 566276	
Complete the information in this section if box (1) is	schooked
Complete the information in this section it box (1) is	Checked
Sharahaldara of Brofossianal Corneration	
Shareholders of Professional Corporation	U. f. U It at any flat at all annual relations are duly lineared or
Authenticating this form constitutes a certification that a	
otherwise legally authorized to render the professional s	services in this state in the profession that is listed above.
Name	Address #44
Dr. Kenneth Pohl	5692 Far Hills Ave #4
	Dayton OH 45429

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Last Revised: 12/01/2008

mplete the information in	this section if box (2) is ch	ecked	
ldress of the partnership's ch	nief executive office:		
Mailing Address			
City		State	Zip Code
e chief executive office is r	not in Ohio, the address of ar	y office of the par	tnership in Ohio:
Mailing Address			
		Ohio	
City		State	Zip Code
		e and address of t	ne partnership's
rrent agent for service of pro		and address of t	he partnership's
rent agent for service of pro			ne partnership's
Name of Agent		Chio State	Zip Code
Mailing Address City If the agent is an ind agent is an Ohio res	ividual using a P.O. Box, c	Ohio State heck this box to	Zip Code confirm that the
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Name of Agent Name of Agent Mailing Address City If the agent is an ind agent is an Ohio res y signing and submitting this she has the requisite autho	ividual using a P.O. Box, c ident. form to the Ohio Secretary or rity to execute this document Signature	Ohio State heck this box to	Zip Code confirm that the

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Last Revised: 12/01/2008