



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

Re: HEARTCARE, INC.  
Registration No: 885971  
Original Date: 11/14/1994

1,576 A. G. C. CO.  
65 E STATE STREET  
SUITE 2100  
COLUMBUS, 43215

Dear Sir or Madam:

Section 1785.06 of the Ohio Revised Code requires each corporation, organized under Chapter 1785, to file a statement of names and addresses of shareholders after June 30th and no later than July 30th of each even numbered year.

The above-named corporation is delinquent in filing the report for the reporting year, 2010. Any reports that are delinquent for previous reporting years must also be submitted. A twenty-five dollar (\$25.00) filing fee for each delinquent year must accompany each report. The report(s) must be signed by an officer of the corporation. **FAILURE TO FILE THE REPORT(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE WILL RESULT IN THE CANCELLATION OF THE CORPORATION'S ARTICLES OF INCORPORATION, (or License to do business in Ohio).** Please submit the completed form(s) together with the appropriate filing fee to the **Secretary of State, P.O. 788, Columbus, Ohio 43216-0788.**

This notice is sent to you in your capacity as statutory agent of record. If the agent or address of the agent has changed, it will be necessary for the corporation to file a Statutory Agent Update Form 521. The filing fee is twenty-five dollars (\$25.00).

We are required by statute to notify all professional corporations of the need to file the report if they are still listed as an active corporation on our records. However, in some instances, this notice will be received by corporations that are no longer active. If a corporation is no longer active, it should be dissolved pursuant to Ohio Revised Code Section 1701.86. The filing fee for dissolution is fifty dollars (\$50.00).

If you have questions regarding this notice, please contact our customer service department at (614) 466-3910 or (toll free) 1-877-SOS-FILE or email them at [BusServ@sos.state.oh.us](mailto:BusServ@sos.state.oh.us). You may also visit our website at [www.sos.state.oh.us](http://www.sos.state.oh.us) to contact us or review your corporate records.

102-YRA-006 Revised 8/31/2010

Sincerely

A handwritten signature in black ink, appearing to read "Jennifer Brunner".

Jennifer Brunner  
Secretary of State

Enclosures



**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:

- ☒ Expedite P.O. Box 1390  
Columbus, OH 43216  
**\*\*\*Requires an additional fee of \$100\*\*\***
- ☐ Non Expedite P.O. Box 788  
Columbus, OH 43216

## Biennial Report

**Filing Fee: \$25**

**Check Only One (1) Box**

(1) ☒ 2010 (indicate year) Biennial Report of  
Professional Corporation (102-YRA)  
(even-numbered years)

List Profession \_\_\_\_\_

(2) ☐ \_\_\_\_\_ (indicate year) Biennial Report of  
Limited Liability Partnership (103-YRL)  
(odd-numbered years)

If foreign limited liability partnership, provide  
jurisdiction of formation \_\_\_\_\_

Name of Entity HEARTCARE, INC.

Charter or Registration Number 885971

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

**Shareholders of Professional Corporation**

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

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete the information in this section if box (2) is checked

Address of the partnership's chief executive office:

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Ohio  
State

\_\_\_\_\_  
Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Ohio  
State

\_\_\_\_\_  
Zip Code

☐ If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**REQUIRED**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Instructions for Biennial Report

This form must be used to file a biennial report for a professional corporation or a limited liability partnership.

If you wish to file a biennial report for a professional corporation, please select box 1. Pursuant to Ohio Revised Code §1785.06, a professional corporation must file a biennial report in each even-numbered year within thirty days after the thirtieth day of June. Please indicate the year of the filing in box 1. Also, indicate the professional service which must be the same professional service for which the corporation was organized.

If you wish to file a biennial report for a limited liability partnership, please select box 2. Pursuant to Ohio Revised Code §1776.83, a limited liability partnership must file a biennial report between the first day of April and the first day of July of each odd-numbered year. Please indicate the year of the filing in box 2. If the limited liability partnership is a foreign entity registered in Ohio, please also provide the jurisdiction of formation in the box.

### Name of Entity and Charter or Registration Number

The name and charter or registration number of the professional corporation or limited liability partnership must be provided.

### Professional Corporation Requirements

For professional corporations only, please provide the names and addresses of all of the shareholders in the corporation. By completing this portion of the form, the corporation certifies that all of the shareholders in the corporation are duly licensed, certified, or otherwise legally authorized within Ohio to render the same professional service for which the corporation was organized.

### Limited Liability Partnership Requirements

For limited liability partnerships only, please provide the street address of the partnership's chief executive office and, if the partnership's chief executive office is not in Ohio, provide the street address of any office of the partnership in this state. If the partnership does not have an office in Ohio, then provide the name and address of the partnership's current agent for service of process.

### Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

### Signature(s)

After completing all information on the filing form, please make sure that the form is signed by an authorized representative. If the entity is a professional corporation, the statement must be signed by an officer of the corporation.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**