



DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
201221601742	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (12A)	25.00	.00		.00	.00

Receipt

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

DR. PETER SCHWENKMEYER
557 LOCUST RUN ROAD
CINCINNATI, OH 45245

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

495941

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

PETER SCHWENKMEYER, D.D.S., INC.

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

Document(s):
BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION

Document No(s):
201221601742



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 23rd day of July, A.D.
2012.

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.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

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Regular Filing (non expedite)
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Columbus, OH 43216
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time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

JUL 23 AM 8:05

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: \$25

Check Only One (1) Box

2012 Biennial Report of Professional Corporation (102-YRA) (even-numbered years)
Indicate Year
Profession: **DENTISTRY**

(2) Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years)
Indicate Year
If foreign limited liability partnership, provide jurisdiction of formation

Name of Entity: **PETER SCHWENKMEYER, D.D.S., INC.**
Quarter or Registration Number: **495941**

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 fully authorized to render the professional services in this state in the profession that is listed above.

Name	Address
PETER SCHWENKMEYER	557 LOCUST RUN RD, CINCINNATI, OH 45245

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

Address of the partnership's chief executive office:

557 LOCUST RUN RD

Mailing Address

CINCINNATI

City

OH

State

45245

Zip Code

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

Mailing Address

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

OHIO

State

Zip Code

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.

Authorized representative must be signed by an officer of the partnership, a professional association partner or authorized representative of the partnership.

Peter Schwenkmeier
Signature

By (if applicable)

If the authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

PETER SCHWENKMEIER
Print Name

If the authorized representative is a business entity, not an individual, then please print the business name in the "Signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.