

No. C 182783		Due no later than Apr 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. THOMAS E. O'MARA, M.D., P.C. TOM O'MARA PO BOX 221 639 SCHOOL ST SKANEATELES FALLS NY 13153 USA		BUSINESS FILINGS INCORPORATED 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	THOMAS E OMARA	PO BOX 221	SKANEATELES FALLS	NY	USA	13153	
5. Organized Under the Laws of: NY C 182783		6. Annual Report must be signed.* Signature: Thomas O'Mara Name (type or print): Thomas O'Mara Date: 05/12/2011 Title: President					
Processed 05/12/2011		* Electronically provided signatures are accepted as original signatures.					