

No. C 195463		Due no later than Jul 31, 2018 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. THOMAS E. O'MARA, M.D., P.C. THOMAS E O'MARA 3874 ROCKWELL RD MARCELLUS NY 13108		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705			
						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 O'MARA	3874 ROCKWELL RD	MARCELLUS	NY	USA	13108	
5. Organized Under the Laws of: NY C 195463		6. Annual Report must be signed.* Signature: Thomas E. O'Mara Name (type or print): Thomas E. O'Mara					
		Date: 05/28/2018 Title: President					
Processed 05/28/2018 * Electronically provided signatures are accepted as original signatures.							