

No. <b>C 182783</b>		<b>Due no later than Apr 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  THOMAS E. O'MARA, M.D., P.C. PO BOX 221 639 SCHOOL ST SKANEATELES FALLS NY 13153		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:  <b>NY</b> <b>C 182783</b>		6. Annual Report must be signed.*  Signature: Thomas E O'Mara Name (type or print): Thomas E O'Mara  Date: 03/08/2010 Title: President					
Processed 03/08/2010		* Electronically provided signatures are accepted as original signatures.					