Reset Form

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 — PO Box 1390, Columbus, OH 43216
***** Requires an additional fee of $100 *****

Non Expedite — PO Box 788, Columbus, OH 43216

BIENNIAL REPORT
Filing Fee: $25

(CHECK ONLY ONE (1) BOX)

(1) ☑ 2011 (indicate year) Biennial Report of Professional Corporation (102-YRA)
(even-numbered years)

List Profession Medical Doctor

(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 WXYZ Services, Inc.

Charter or Registration Number 0000000000

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

Shareholders of Professional Corporation
Authenticating this form constitutes a certification that all of 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
Ann Smith	100 Main Street
	Columbus, OH 43201

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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

Ann Smith

Print Name

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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. 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.**

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