



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/03/2018	201818400084	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (18A)	25.00				0

**Receipt**

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

**MUSHTAQ A KHAN M.D.  
1410 NORTH HORSESHOE DRIVE  
SUGAR LAND, TX, 77478 3417**

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**531388**

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

**SKIN AND ALLERGY CLINIC, INC.**

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

Document(s)

**BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION**

**Effective Date: 07/03/2018**

Document No(s):

**201818400084**



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 3rd day of July, A.D. 2018.

*Jon Husted*

**Ohio Secretary of State**

Form 520 Prescribed by:

Date Electronically Filed: 7/3/2018

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

## Biennial Report

**(Domestic, Professional Association, Domestic or Foreign LLP)**

**Filing Fee: \$25**

**Form Must Be Typed**

**CHECK ONLY ONE (1) Box**

(1)   Biennial Report of Professional Association (102-YRA) (even-numbered years)

Indicate Year

List Profession

(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

Charter or Registration Number

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

**Shareholders of Professional Association**

Authenticating this form constitutes a certification that all 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
<input type="text" value="MUSHTAQ AHMAD KHAN"/>	<input type="text" value="6801 GRAYSTONE CIRCLE, N.W. CANTON OHIO 44718"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Complete the applicable 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

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

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.

**Required**  
Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

Signature

By (if applicable)

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

Print Name

If 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.