


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000005322	
1. Entity Name THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP, INC.	

Principal Place of Business 100 E. RIVERCENTER BLVD. SUITE 1600 COVINGTON, KY 41011	Mailing Address 100 E. RIVERCENTER BLVD. SUITE 1600 COVINGTON, KY 41011
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2739587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINN, L. TRACY 100 E. RIVERCENTER BLVD., SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSH, THOMAS R 100 E. RIVERCENTER BLVD., SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, REGIS T 100 E. RIVERCENTER BLVD., SUITE 1600 COVINGTON, KY 41011
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U00000732193
05/09/07-80037-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Thomas R. Marsh	04/23/2007	(859) 392-7358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #