

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90006 009 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005174**

1. Corporation Name

MEDASSIST OF KENTUCKY, INCORPORATED

Principal Place of Business

**3040 BRECKINRIDGE LN.
LOUISVILLE KY 40220**

Mailing Address

**3040 BRECKINRIDGE LN.
LOUISVILLE KY 40220**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

61-1193622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 **305 N. HURSTBOURNE PKWY**
Suite, Apt. #, etc.

2a. Mailing Address

26 **305 N. HURSTBOURNE PKWY**
Suite, Apt. #, etc.

22 **SUITE 200**

27 **SUITE 200**

City & State

City & State

23 **LOUISVILLE, KY.**

28 **LOUISVILLE KY.**

Zip

Country

Zip

Country

24 **40222**

25 **JEFFERSON**

29 **40222**

30 **JEFFERSON**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **KENNEDY, ROBIN A**
STREET ADDRESS **3805 KARMA WAY**
CITY-ST-ZIP **LOUISVILLE KY**

1.1 TITLE

☐ Change ☒ Addition

TITLE **P** ☐ DELETE

NAME **SHEA, MICHAEL A**
STREET ADDRESS **3040 BRECKINRIDGE LN.**
CITY-ST-ZIP **LOUISVILLE KY**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LOUISVILLE, KY. 40241

☒ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **BERNSTEIN, ROBERT B**
STREET ADDRESS **1 ROXBURY CT.**
CITY-ST-ZIP **BEACHWOOD OH**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P

SHEA, MICHAEL A

305 N. HURSTBOURNE PKWY SUITE 200

LOUISVILLE, KY. 40222

☒ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **PALMER, TERESA**
STREET ADDRESS **9750 DEL THOMAS DR**
CITY-ST-ZIP **SMYRNA TN**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V P

BEACHWOOD, OH 44122

☒ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **BERNSTEIN, KEN**
STREET ADDRESS **10 OVERLOOK RD**
CITY-ST-ZIP **BENTLEYVILLE OH**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T

SMYRNA, TN 37167

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

BENTLEYVILLE, OH 44022

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert B. Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/99
Date

(502) 499-8855
Daytime Phone #

CR2E034 (5/99)

018767