

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90080 012 ***150.00

0605024 AT

DOCUMENT # F95000005174

1. Entity Name

MEDASSIST OF KENTUCKY, INCORPORATED

Principal Place of Business

**305 N HURSTBOURNE PKWY
 STE 200
 LOUISVILLE KY 40222**

Mailing Address

**305 N HURSTBOURNE PKWY
 STE 200
 LOUISVILLE KY 40222**

2. Principal Place of Business

3. Mailing Address

**1861 LYNDON FARM CT.
 Suite, Apt. #, etc.**

**1861 LYNDON FARM CT.
 Suite, Apt. #, etc.**

City & State

LOUISVILLE, KY. 40223

City & State

LOUISVILLE KY.

Zip

40223-4029 JEFFERSON

Country

Zip

40223-4029

Country

JEFFERSON

4. FEI Number

61-1193622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
 NAME **KENNEDY, ROBIN A**
 STREET ADDRESS **3805 KARMA WAY**
 CITY-ST-ZIP **LOUISVILLE KY 40241**

TITLE **P** ☐ Delete
 NAME **SHEA, MICHAEL A**
 STREET ADDRESS **305 N HURSTBOURNE PKWY, STE 200**
 CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE **V** ☐ Delete
 NAME **BERNSTEIN, ROBERT B**
 STREET ADDRESS **1 ROXBURY CT.**
 CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE **T** ☐ Delete
 NAME **PALMER, TERESA**
 STREET ADDRESS **9750 DEL THOMAS DR**
 CITY-ST-ZIP **SMYRNA TN 37167**

TITLE **S** ☐ Delete
 NAME **BERNSTEIN, KEN**
 STREET ADDRESS **10 OVERLOOK RD**
 CITY-ST-ZIP **BENTLEYVILLE OH 44022**

TITLE **S** ☐ Delete
 NAME **BERNSTEIN, MICHAEL**
 STREET ADDRESS **120 HARDS LN**
 CITY-ST-ZIP **LAWRENCE NY 11559**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02

(502) 499-0855

CR2E034 (9/01)