

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90055 001 ***150.00

DOCUMENT # F95000005174					
1. Entity Name MEDASSIST, INCORPORATED OF KENTUCKY					
Principal Place of Business 1661 LYNDON FARM COURT LOUISVILLE, KY 40223-4029			Mailing Address 1661 LYNDON FARM COURT STE 200 LOUISVILLE, KY 40223-4029		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8755 W HIGGINS RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 800			
City & State		City & State CHICAGO IL		4. FEI Number 61-1193622	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHEA, ROBIN A 1661 LYNDON FARM CT. LOUISVILLE, KY 402234029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHEA, MICHAEL A 1661 LYNDON FARM CT. LOUISVILLE, KY 402234029	<input type="checkbox"/> Delete	CEO MICHAEL A. SHEA 1661 Lyndon Farm CT Louisville KY 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTERS, THOMAS 1661 LYNDON FARM COURT LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK W. STELLATO 1661 Lyndon Farm CT. LOUISVILLE KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK W. STELLATO 1661 Lyndon Farm CT. LOUISVILLE KY 40223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			CFO 1/12/07 (502) 499-0855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		