

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005174

FILED
Jan 12, 2009
Secretary of State

Entity Name: MEDASSIST, INCORPORATED OF KENTUCKY

Current Principal Place of Business:

1661 LYNDON FARM COURT
LOUISVILLE, KY 402234029

New Principal Place of Business:

Current Mailing Address:

8755 W HIGGINS RD
800
CHICAGO, IL 60631

New Mailing Address:

FEI Number: 61-1193622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SHEA, MICHAEL A
Address: 1661 LYNDON FARM CT.
City-St-Zip: LOUISVILLE, KY 40223

Title: CFO () Delete
Name: STELLATO, FRANK W
Address: 1661 LYNDON FARM COURT
City-St-Zip: LOUISVILLE, KY 40223

Title: D (X) Delete
Name: CUTRONE, JOHN
Address: 177 BROAD ST 10TH FL
City-St-Zip: HARTFORD, CT 06105

Title: D () Delete
Name: MITRA, ARJUN
Address: 177 BROAD ST 10TH FL
City-St-Zip: HARTFORD, CT 06105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MITRA, ARJUN
Address: 205 BRYANT WOODS SOUTH
City-St-Zip: AMHERST, NY 14228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK STELLATO

CFO

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date