


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90181 022 \*\*\*150.00

<b>DOCUMENT # F95000005969</b> 1. Entity Name <b>ASCO HEALTHCARE, INC.</b>			
Principal Place of Business <b>601 EAST PRATT STREET THIRD FLOOR BALTIMORE, MD 21202 US</b>		Mailing Address <b>601 EAST PRATT STREET THIRD FLOOR BALTIMORE, MD 21202 US</b>	
2. Principal Place of Business <b>100 E. Rivercenter Blvd.</b> Suite, Apt. #, etc. <b>Suite 1600</b> City & State <b>Covington, Ky</b> Zip <b>41011</b> Country <b>Kenton</b>		3. Mailing Address <b>100 E. Rivercenter Blvd.</b> Suite, Apt. #, etc. <b>Suite 1600</b> City & State <b>Covington, Ky</b> Zip <b>41011</b> Country <b>Kenton</b>	
4. FEI Number <b>52-0816305</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP COO SMITH, ROBERT 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President/Director Regis Robbins 100 E. Rivercenter Blvd, Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CPD ARLOTTA, JOHN J 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer/Director Thomas Marsh 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP EXVD KORDASH, JOHN 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/Director Tracy Finn 100 E. Rivercenter Blvd, Ste. 1600 Covington, Ky 41011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO HUNT, RICHARD W 601 EAST PRATT STREET BALTIMORE, MD 21202	<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 SRVP GAITHER, JOHN F JR. 601 EAST PRATT STREET BALTIMORE, MD 21202	<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 SRVP ADES, STANTON 601 EAST PRATT STREET BALTIMORE, MD 21202	<input checked="" 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: <u>Thomas R. Marsh</u> <u>Thomas R. Marsh</u> 04/26/2006 (859) 392-3463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			