

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000001503

1. Entity Name
OCR SERVICES CORPORATION



Principal Place of Business
**100 E. RIVERCENTER BOULEVARD
STE 1600
COVINGTON, KY 41011 US**

Mailing Address
**100 E. RIVERCENTER BOULEVARD
STE 1600
COVINGTON, KY 41011 US**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1402845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIALDINI, JAMES 100 E RIVERCENTER BLVD, STE 1500 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MARSH, THOMAS R 100 E RIVERCENTER BLVD, STE 1500 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, REGIS T 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, BRADLEY S 100 E RIVERCENTER BLVD, STE 1500 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80034-022 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Marsh

04/23/2007 (859) 392-7358

Date

Daytime Phone #