


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000006931			
1. Corporation Name MEDSTEP, INC.			
Principal Place of Business 500 W. MAIN STREET LOUISVILLE KY 40202		Mailing Address P.O. BOX 740026 LOUISVILLE KY 40201-7426	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WOLF, GREGORY H	1.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	1.4 CITY-ST-ZIP	
TITLE	COOD	2.1 TITLE	
NAME	ROTHERHAM, GREGORY K	2.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	MURRAY, JAMES E	3.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	MCCALLISTER, MICHAEL B	4.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	DOUCETTE, JAMES W	5.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	BAUERNFEIND, GEORGE G	6.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Bauernfeind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-29-99
Daytime Phone #

CR2E034 (11/98)