

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90037 046 ***150.00

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F98000006801

1. Corporation Name

IN-HOUSE MEDICAL RESOURCES, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 325 W. MAIN ST., STE. 1400 B LOUISVILLE KY 40222 | 325 W. MAIN ST., STE. 1400 B LOUISVILLE KY 40222 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1998

4. FEI Number

61-1268755

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | CEOD | <input type="checkbox"/> DELETE |
| NAME | HALL, DAVID V | |
| STREET ADDRESS | 325 WEST MAIN STREET SUITE 1400B | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | |

| | | |
|----------------|----------------------------------|--|
| TITLE | CFOT | <input checked="" type="checkbox"/> DELETE |
| NAME | BABINE, ROBERT J | |
| STREET ADDRESS | 325 WEST MAIN STREET SUITE 1400B | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | |

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KITCHEN, MICHAEL J | |
| STREET ADDRESS | 325 WEST MAIN STREET SUITE 1400B | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | |

| | | |
|----------------|----------------------------------|--|
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | PERRY, NICOLE | |
| STREET ADDRESS | 325 WEST MAIN STREET SUITE 1400B | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

| | |
|--------------------------------|--|
| CFOT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Frank Littrizzillo | |
| 325 W. main street suite 1400B | |
| Louisville, Ky. 40202 | |

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 807, 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:

[Signature] Katherine Harris, Secretary 1/21/99 502 568-8923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)