

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 050 ***150.00

DOCUMENT # V46518

1. Entity Name
MEDICAL SERVICES CONSORTIUM, INC.



Principal Place of Business
**100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US**

Mailing Address
**100 E. RIVERCENTER BLVD.
SUITE 1600
COVINGTON, KY 41011 US**

44044351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0357177

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DUPUY, JOSEPH L**
STREET ADDRESS **100 E. RIVERCENTER BLVD., STE 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

TITLE **VP** ☒ Delete
NAME **RICOZZI, MICHAEL**
STREET ADDRESS **100 E. RIVERCENTER BLVD. 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

TITLE **D** ☐ Delete
NAME **FINN, TRACY L**
STREET ADDRESS **100 E. RIVERCENTER BLVD., STE 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

TITLE **SD** ☐ Delete
NAME **ROBBINS, REGINS T**
STREET ADDRESS **100 E. RIVERCENTER BLVD., STE 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

TITLE **AT** ☐ Delete
NAME **MARSH, THOMAS R**
STREET ADDRESS **100 E. RIVERCENTER BLVD., STE 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

TITLE **TD** ☐ Delete
NAME **ABOTT, BRADLEY S**
STREET ADDRESS **100 E. RIVERCENTER BLVD., STE 1600**
CITY-ST-ZIP **COVINGTON, KY 41011**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Bradley S. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley S. Abbott

04/26/2004 859-392-3347
Date Daytime Phone #