## COMMONWEALTH OF KENTUCKY SECRETARY OF STATE P. O. BOX 1150 FRANKFORT, RY 40602

09/01/86

RECORD NO. 178203 STATE OF INCORPORATION:

KENTUCKY

CORPORATE NAME: JAMES D. WALKER, M.D., P.S.C.

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

JAMES D. WALKER, M.D. 13709 RUTLAND RD. PROSPECT. KY. 40059

13709 RUTLAND RD. PROSPECT, KY. 40059

SIX (6) MONTH NOTICE OF FAILURE TO FILE ANNUAL REPURTIS!

EACH DOMESTIC CURPORATION AND EACH FOREIGN CORPORATION AUTHORIZED TO TRANSACT BUSINESS IN THIS STATE IS REQUIRED BY KENTUCKY LAW TO FILE, ON OR BEFORE JUNE 30 EACH YEAR, AN ANNUAL REPORT VERIFYING THE ABOVE-SET-OUT INFORMATION OR A STATE-MENT SETTING FORTH ALL UF THE ABOVE INFORMATION.

THENEVER A DUMESTIC OR FOREIGN CORPORATION HAS NOT FILED WITH THE SECRETARY OF SYATE EITHER A STATEMENT VERIFING THE ABOVE INFURMATION OF RECORD OR THE ANNUAL REPORT, KENTUCKY LAW KRS 2714.615, REQUIRES THIS OFFICIAL NOTICE THAT IF A STATE-MENT IS NOT FILED WITHIN SIX MONTHS FROM THE DATE OF THIS NOTICE THE SECRETARY OF STATE MUST REVOKE THE CERTIFICATE OF INCORPURATION OR WITHDRAW THE CERTIFICATE OF AUTHORITY AND MAIL NOTICE OF SUCH REVECATION OR WITHDRAWAL TO THE CORPORATION AT ITS REGISTERED ADDRESS.

FOR YOUR CONVENIENCE. RECORDS MAY BE VERIFIED BY SIGNING ON THE AUTHORIZED SIGNATURE LINE BELOW OR BY FORWARDING A STATEMENT TO THIS OFFICE SETTING FORTH THE CURRECT INFORMATION. SUCH STATEMENT MUST DECLARE THAT THE INFORMATION IS TRUE AND THAT THE PERSON SIGNING IS AUTHORIZED TO SIGN FOR THE CORPORATION. THE FILING FEE SET OUT BELOW MUST ACCOMPANY THIS VERIFICATION OR THE PREPARED STATEMENT.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN FOR THIS ENTITY.

AUTHORIZED	SIGNATURE
TITLE	T ELEPHONE

YEARS DUE: 1986

FILING FEE: 5.00

IMAKE CHECKS PAYABLE TO THE KENTUCKY STATE TREASURER)