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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2007



0651904

ORGANIZATION ID # <b>0651904</b>	STATE OR COUNTRY OF INCORPORATION <b>KY</b>	ORGANIZATION DATE <b>11/30/2006</b>	FILING FEE <b>\$15.00</b>
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RECEIVED

FEB 21 2007

SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

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(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

PAUL BUNN, M.D. 401 BRICE AVE P.O. BOX 1717 Glasgow KY 42142-1717	SENT FORM
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(1) EXACT PROFESSIONAL SERVICE CORPORATION NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

AMERICAN SURGICAL CORPORATION, P.S.C.  
401 BRYCE AVENUE  
P. O. BOX 1059  
GLASGOW, KY 42142-1059

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS  
Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

PAUL BUNN, M.D. 401 BRYCE AVENUE P. O. BOX 1059 GLASGOW, KY 42142-1059
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(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

President	PAUL BUNN, M.D. (sole officer)	Address	401 Brice Ave, Glasgow
Vice-President		Address	P.O. Box 1717
Secretary		Address	Glasgow, Ky 42142-1717
Treasurer		Address	

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors. The annual report will be returned if business addresses are not listed.

Name	Address
Name	Address
Name	Address

(7) SHAREHOLDERS Type or print the names and addresses of the corporation's shareholders. The annual report will be returned if business addresses are not listed.

Name	PAUL BUNN, M.D.	Address	401 Brice Ave P.O. Box 1717
Name		Address	Glasgow, Ky 42142-1717
Name		Address	

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*Paul Bunn*  
Signature of Officer or Chairman of the Board

Paul Bunn  
Type or Print Name

Pres  
Title

1/30/07  
Date

CERTIFICATE OF PROFESSIONAL SERVICE CORPORATION

I, President of said corporation, certify that all of the shareholders, not less than one half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

PRESIDENT'S SIGNATURE

*Paul Bunn*

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

NOTE: P O Box 1150 is for  
annual report filings only.