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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **60-DAY NOTICE AND ANNUAL REPORT** SEPTEMBER 1, 2008 **MUST BE RECEIVED BY OCTOBER 31, 2008**



ORGANIZATION ID# 0651904

STATE OR COUNTRY OF INCORPORATION

ORGANIZATION DATE 11/30/2006

FILING FEE

\$15.00

(1) EXACT PROFESSIONAL SERVICE CORPORATION NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

AMERICAN SURGICAL CORPORATION, P.S.C. **401 BRYCE AVENUE**

DECEIVED

P. O. BOX 1059	KEOL, T
GLASGOW, KY 42142-1059	SEP 1 2 2008
	JLI I -
(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS Changes made to the registered agent or registered office cannot be made on this form Complete (3) to request a form to be mailed or download form from web site.	(3) A. 🗆 Stateme SECONETARY OF STATE B. 🗆 Stateme Second Manager of Principal Office Address Form MAIL FORM TO
PAUL BUNN, M.D.	
PO BOX 1717	
101B DUCK CREEK	
GLASGOW, KY 42142-1717	
(4) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addrewill be returned if business addresses are not listed. If the corporation has previously fund any additions to or changes in the principal officers and give the business address for	iled an annual report, verify the names and titles of officers listed below. Please note
President Paul Brown	
	Address
	Address
	Address
	Address
(5) DIRECTORS Type or print the names and business addresses of the corporation's with directors. Nonprofit corporations must list three (3) or more directors. The annual	directors. No listing of directors is verification that the corporation has dispensed report will be returned if business addresses are not listed.
Name	Address
Name	Address
Name	Address
(6) SHAREHOLDERS Type or print the names and addresses of the corporation's sha	reholders. The arm.
Paul Brown	Address
Name	
Name	Address
Name	Address
I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT	
Signature of Officer or Chairman of the Board Type or	Print Name Title 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

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

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

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601

(502)-564-2848

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TREY GRAYSON SECRETARY OF STATE P.O. Box 1150 Frankfort, Kentucky 40602-1150