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COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III, SECRETARY OF STATE
ANNUAL REPORT

(See Reverse Side for Filing Instructions)

RECORD # 0163008

DUE JUNE 30,

2001

(4) FILING FEE

\$15.00

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

CARDIOLOGY ASSOCIATES OF SOUTHERN KENTUCKY, P.S.C.
1004 GLENVIEW DR.
GLASGOW, KY 42141

(5) STATE OR COUNTRY OF INCORPORATION

KY

RECEIVED

ADD 3 2001

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

SECRETARY OF STATE COMMONWEALTH OF KY (6) DATE OF INCORPORATION OR DATE AUTHORIZED TO TRANSACT BUSINESS

12/30/1981

(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form.
Complete (7) to request a form to be mailed or download form from web site.

JIM H. WHITESIDE, M.D.
1004 GLENVIEW DR.
GLASGOW, KY 42141

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

[Empty lines for mailing statement of change of agent or office to]

(8) PRINCIPAL OFFICERS if the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.

President	Jim H Whiteside	1004 Glenview Dr. Glasgow, KY 42141
Vice President	Melissa K Walton shirley	1004 Glenview Dr. Glasgow, KY 42141
		Address
		Address
		Address

(9) 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.

Name	Address
Name	Address
Name	Address

(10) SHAREHOLDERS Type or print the names and addresses of the corporation's shareholders.

Name	Address
Melissa K Walton shirley	1004 Glenview Dr. Glasgow, KY 42141
Name	Address
Jim H Whiteside	1004 Glenview Dr. Glasgow, KY 42141
Name	Address

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

SIGNATURE _____ TITLE President DATE 03/22/01

Signature of Officer or Chairman of the Board

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 _____

[Handwritten signature]