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## COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT DUE JUNE 30, 2006



0150511

ORGANIZATION ID # 0150511

STATE OR COUNTRY OF INCORPORATION

ΚY

ORGANIZATION DATE

09/03/1974

FILING FEE \$15.00

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

BRECKENRIDGE UROLOGY GROUP, P.S.C. 912 DUPONT RD. LOUISVILLE, KY 40207

(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.

FREDERICK R. WITTEN 912 DUPONT RD. LOUISVILLE, KY 40207 (3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

RECEIVED

MAR 0 3 2006

(4) MAIL A STATE OF THE PROPERTY OF THE PROPER

Title

(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.

Address
Address 912 Dugant Rd. Louisville Ky 40207 Address 912 Dugant Rd. Louisville, Ky 40207
Address 912 Duport Rd. Louiville, K 40207
Address

Address

Address

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.

Samuel R Watkins jr	912 Dupont Rd. Louisville, R 40207
Name Frederick R Witten	Address 912 Duport Rd. Louignelle 12 40207
Neal J Prendergast	Address 912 Dupont Rd. Louisville, 12 40207
Name	Address

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

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 fedulating board that licenses the shareholders described in this certificate.

PRESIDENT'S SIGNATURE frede

ANNUAL REPORT AND FILING FEE

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

**MAILING ADDRESS** 

Name

Name

Name

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 OFFICE LOCATION
Secretary of State
State Capitol, Room 15

State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848 NOTE: P O Box 1150 is for annual report filings only.