

COMMONWEALTH OF KENTUCKY
 JOHN Y. BROWN III, SECRETARY OF STATE
 ANNUAL REPORT
 (See Reverse Side for Filing Instructions)

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 report over the Internet

RECORD # 0170822

DUE JUNE 30, 2002

(4) FILING FEE

\$15.00

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

ASSOCIATES IN PRIMARY CARE, P.S.C.
 250 GRANDVIEW DR
 SUITE 300
 FT MITCHELL, KY 41017

(5) STATE OR COUNTRY OF INCORPORATION

KY

RECEIVED

(6) DATE OF INCORPORATION OR DATE
 AUTHORIZED TO TRANSACT BUSINESS

MAR 9 2002

SECRETARY OF STATE
 COMMONWEALTH OF KENTUCKY

12/27/1967

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(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.

WILLIAM REUTMAN, M.D.
 7621 DIXIE HWY.
 FLORENCE, KY 41042

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

[Empty lines for mailing address]

(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)(b) is to be typed or printed the names & business addresses of the current principal officers. If sole officer, please note.

| | | | |
|--------------|-------------------|---------|---------------------------------------------|
| Sole officer | Robert L Prichard | Address | 7388 Turfway Rd Suite 101 Florence Ky 41042 |
| | | Address | 3200 Sunset Rd Cincinnati, Oh 45229 |
| | | 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 | GARY A SHEARER | Address | 7388 Turfway Rd Suite 101 Florence Ky 41042 |
| Name | ROBERT PRICHARD | Address | 3200 Sunset Rd Cincinnati, Oh 45229 |
| Name | | Address | |
| Name | | Address | |

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

[Signature] TITLE *President & ASU* DATE *2/18/02*

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

[Signature]