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



0038025

ORGANIZATION ID #
0038025

STATE OR COUNTRY
OF INCORPORATION

KY

ORGANIZATION
DATE

12/30/1971

FILING
FEE

\$15.00

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

CHARLES G. NOSS, P.S.C.
BOX 188
STANTON, KY 40380

RECEIVED

FEB 24 2006

SECRETARY OF STATE
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(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.

CHARLES G. NOSS
351 NORTH MAIN
P.O. BOX 188
STANTON, KY 40380

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

[Empty box for statement of change of agent or office]

(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.

Sole Officer	Charles G Noss	Address
		Address
		Address
		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.

Charles G Noss	Address
Name	Address
Name	Address

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

[Signature]
Secretary or Chairman of the Board Charles G. Noss, M.D., P.S.C. Pres. 1/8/06
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 *[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
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.