

REGISTRATION NO. 056917 STATE OF INCORPORATION: KENTUCKY
CORPORATE NAME: WEST END MEDICAL CENTER, INC.

REGISTERED AGENT AND ADDRESS: PRINCIPAL OFFICE ADDRESS:
TRACE M. JAMES 2209 WEST ROWY.
2209 WEST ROWY. LOUISVILLE, KY. 40211-1003 LOUISVILLE, KY. 40211

WARNING - CORPORATION SUBJECT TO ADMINISTRATIVE DISSOLUTION OR
REVOCATION OF CERTIFICATE OF AUTHORITY

- XX THIS CORPORATION HAS FAILED TO FILE WITH THE SECRETARY OF STATE THE 1989 ANNUAL VERIFICATION REPORT REQUIRED BY KENTUCKY LAW
- XX THE CORPORATION MAY FILE THE DELINQUENT ANNUAL REPORT BY SIGNING THIS FORM, ENCLOSED FILING FEE OF \$4.00 AND RETURNING TO THIS OFFICE AT THE P.O. BOX 1150 ADDRESS ABOVE. IF THE PRINCIPAL OFFICE ADDRESS (MAILING ADDRESS) SET OUT ABOVE IS NOT CORRECT, PLEASE CROSS OUT INCORRECT INFORMATION AND WRITE IN CORRECT INFORMATION.
- XX KENTUCKY LAW NOW REQUIRES ANNUAL REPORTS TO INCLUDE THE NAMES AND BUSINESS ADDRESS OF CORPORATIONS DIRECTORS AND PRINCIPAL OFFICERS. THE LINES BELOW HAVE BEEN PROVIDED FOR THIS INFORMATION. IF NECESSARY PLEASE ATTACH A CONTINUATION SHEET. * PROFESSIONAL SERVICE CORPORATIONS PER KRS 274.105 ARE STILL REQUIRED TO LIST THE NAMES AND ADDRESSES OF ALL SHAREHOLDERS IN ADDITION TO THE DIRECTORS AND PRINCIPAL OFFICERS AND THE PRESIDENT OF THE CORPORATION MUST SIGN AT BOTTOM***

IF THE CORPORATION DOES NOT COMPLY WITH THE RELEVANT PROVISIONS OF KY LAW BY FILING ITS 1989 ANNUAL REPORT, THE SECRETARY OF STATE SHALL ADMINISTRATIVELY DISSOLVE THE CORPORATIONS CHARTER OR REVOKE ITS CERTIFICATE OF AUTHORITY WITHIN SIXTY (60) DAYS OF THE DATE OF THIS NOTICE.

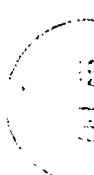
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN FOR THIS CORPORATION. (AUTHORIZED SIGNATURE LINE APPLIES TO ALL CORPORATIONS)

AUTHORIZED SIGNATURE _____ TITLE _____ TELEPHONE _____

(PROFESSIONAL SERVICE CORPORATIONS ONLY) I THE UNDERSIGNED, BEING PRESIDENT OF THE KRS CHAPTER 274 CORPORATION, DO HEREBY CERTIFY THAT ALL THE SHAREHOLDERS OF THE SAID CORPORATION, NOT LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER THAN SECRETARY AND TREASURER, ARE DULY QUALIFIED AS PROVIDED IN CHAPTER 274.

PRESIDENTS SIGNATURE ONLY *** _____

101
101
101



2 20

021

3410211022 1239 09/02/68

RETURN TO SENDER

UNDELIVERABLE

RETRY TO SENDER