

COMMONWEALTH OF KENTUCKY
 JOHN Y. BROWN III
 SECRETARY OF STATE

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John Y. Brown III
 Secretary of State
 Received and Filed
 12/24/2003 8:32:38 AM
 Fee Receipt: \$200.00



STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements.

1 Registration Renewal
CHECK ONE

2. The name of the limited liability partnership is
David & Daniel Reilly, LLP

3. The state or country of formation is Kentucky

4. The principal office address is
441 South First Street, Louisville Ky 40202
Address City State Zip Code

5. The number of partners is 2

6. The names of the partners are

<u>T. Gerald C. Daniel, M.D.</u>	_____
<small>Name of Partner</small>	<small>Name of Partner</small>
<u>Mark K. Char. Ketr, M.D.</u>	_____
<small>Name of Partner</small>	<small>Name of Partner</small>
_____	_____
<small>Name of Partner</small>	<small>Name of Partner</small>

(Attach a continuation sheet if necessary)

7. The nature of the business of the partnership is
Practice of Medicine
(Brief Description)

The statement is executed by

<u>[Signature]</u>	<u>T. Gerald C. Daniel</u>	<u>December 22, 2003</u>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>
<u>[Signature]</u>	<u>MARK K. CHAR. KETR</u>	<u>December 22, 2003</u>
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>
_____	_____	_____
<small>Signature</small>	<small>Print or type name and title</small>	<small>Date</small>

ANTHONY A. WAITS

ATTORNEY AT LAW

5924 TIMBER RIDGE DRIVE, SUITE 202
PROSPECT, KENTUCKY 40059
TELEPHONE (502) 228-5707
FACSIMILE (502) 228-3544
e-mail: kentexo2@msn.com

December 22, 2003

Hon. John Y. Brown III
Secretary of State
P.O. Box 718
Frankfort, Kentucky 40602-0718
Attn: Ms. Paula Craine

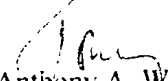
Re: Statement of Registration of Limited Liability Partnership; Certificate of Assumed Name.

Dear Ms. Craine:

Please find enclosed herewith three originals of the Statement of Registration of Limited Liability Partnership for Verdi & O'Daniel Realty, LLP together with three originals of a statement of assumed name where the Drs Verdi & O'Daniel, LLP assumes the name of "Aesthetic Plastic Surgery". The required filing fees of \$200.00 for the registration and \$20.00 for the assumed name are enclosed herewith. Please record these documents and return the stamped copies to me for filing with the Jefferson County Clerk's office.

As always, thanks for your assistance.

Very Truly Yours,


Anthony A. Waits

Enclosures: 7
Cc: Don Evans
Dr. Mark Chariker
Dr. T. Gerald O'Daniel