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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT DUE JUNE 30, 2007



ORGANIZATION ID #

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

12/30/2004

FILING FEE \$15.00

0602449 (1) EXACT PROFESSIONAL SERVICE CORPORATION NAME RECEIVED AND CURRENT PRINCIPAL OFFICE ADDRESS MAR 2 0 2007 MAR & OF ATTHE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO COMMUNITY MEDICAL GROUP, P.S.C. 200 HIGH RISE DRIVE **WEST WING 374** COMMONWEAL LOUISVILLE, KY 40213 (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. (4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO GINGER FIGG 200 HIGH RISE DRÎVE WEST WING 374 LOUISVILLE, KY 40213 (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. ROBERT SHAW valPresident PHILLIP FITZGERALD Secretary Treasurer PHILIP FITZGERALD 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. JONATHAN WILDING Name ROBERT SHAW STEVE GOLDSTEIN Name (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. Claridora Blud. Claeksville, IN 47/29 PETE MAYFEILD Name DAVID OVERLY Name SYLVIA COLE Name VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED nature of Officer or Chairman of the Board Type or Print Name CERTIFICATE OF PROFESSIONAL SERVICE CORPORATION I, President of said corporation, certify that all of the shareholders, not less than one balt of the directors, and all officers other than secretary and treasurer of the professional service comporation 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.

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.

PRESIDENT'S SIGNATURE

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.