

**COMMONWEALTH OF KENTUCKY  
JOHN Y. BROWN III, SECRETARY OF STATE  
ANNUAL REPORT**

(See Reverse Side for Filing Instructions)

RECORD # **0114552**

DUE JUNE 30, 1999

(4) FILING FEE

**\$4.00**

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

**EASTERN KENTUCKY MEDICAL FOUNDATION, INC.**

**ARH REGIONAL MEDICAL CENTER  
100 MEDICAL CENTER DR.  
HAZARD KY 41701**

(5) STATE OR COUNTRY OF INCORPORATION

**KY**

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

**APR 13 1999**

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

**12/29/1978**

(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 downloaded from web site.

**CHARLES E. HOUSLEY  
ARH REGIONAL MEDICAL CENTER  
100 MEDICAL CENTER DRIVE  
HAZARD KY 41701**

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

(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) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.

|           |                           |  |
|-----------|---------------------------|--|
| President | <b>WILLIAM P. MORTON</b>  | 361 Skyline Dr. Hazard, KY 41701   |
|           |                           | Address  |
| Secretary | <b>CHARLES E. HOUSLEY</b> | C/O ARH Regional Medical Center<br>100 Medical Center Dr. Hazard, KY 41701 |
|           |                           | Address  |
|           |                           | 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. Nonprofit corporations must list three (3) or more directors.

|                      |   |
|----------------------|---|
| Mr. Leon Hollon      | PO Box 132 Hazard, KY 41701             |
| Name                 | Address                                 |
| Ashok R. Patel, MD   | 200 Medical Center Dr. Hazard, KY 41701 |
| Name                 | Address                                 |
| Julia Barret         | 317 Kentucky Blvd. Hazard, KY 41701     |
| Name                 | Address                                 |
| Sam Labib, MD        | 200 Medical Center Dr. Hazard, KY 41701 |
| Name                 | Address                                 |
| Vidya Yalamanchi, MD | 200 Medical Center Dr. Hazard, KY 41701 |
| Name                 | Address                                 |
| J.F. Gilbert, MD     | 200 Medical Center Dr. Hazard, KY 41701 |
| Name                 | Address                                 |

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

AUTHORIZED SIGNATURE

*Charles E. Housley*

TITLE

*Secretary*

DATED

**4-8-99**