

Organization ID # 0038663
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2020 Annual Report
Due June 30, 2020
Filing Fee \$15.00

ARP

Exact professional service corporation name and principal office address

OLASH MEDICAL ASSOCIATES, P.S.C.
BAPTIST EAST MEDICAL PAVILION
3900 KRESGE WAY STE 50
LOUISVILLE KY 40207

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

BART OLASH, M.D.
BAPTIST EAST MEDICAL PAVILION
3900 KRESGE WAY STE 50
LOUISVILLE, KY 40207

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

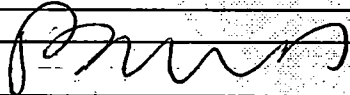
| | | |
|----------------|-------------------|--|
| Vice President | F ALBERT OLASH JR | |
| President | BART M OLASH | |
| | | |
| | | |

Directors - List the name And address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

| | |
|-------------------|--|
| F ALBERT OLASH JR | |
| BART M OLASH | |
| | |
| | |

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

| | |
|-------------------|--|
| F ALBERT OLASH JR | |
| BART M OLASH | |
| | |
| | |

| | | |
|---|------------------|-----------------|
| X  | President | 04/29/2020 |
| Signature of officer Or chairman of the board (Required) | Title (Required) | Date (Required) |

Certificate of Professional Service Corporation

I, president of said corporation, certify that all the shareholders, Not less than 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.

I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing is true And correct as of today.

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0038663> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2020.

To file via mail

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2020.**
- If you file and pay online, do not return this document to the Secretary of State.