

**ANNUAL REPORT**

**FILING FEE \$ 4.00**

**IMPORTANT: PROFESSIONAL SERVICE CORPORATIONS MUST COMPLETE THE BACK OF THIS FORM.**

REPORT FOR **1988**

DUE JUNE 30, **1988**

(1) RECORD NO

**18864**

(2) DATE OF INCORPORATION OR CERT OF AUTH

**12-01-25**

(3) STATE OF INCORPORATION

**KENTUCKY**

(4) PROCESS AGENT

**JOHN L. GILMAN, JR.**

(5) EXACT CORPORATE NAME

**FRONTIER NURSING SERVICE, INCORPORATED**

(6) MAILING ADDRESS

**FRONTIER NURSING SERVICE, INCORPORATED  
WENDOVER RD.  
WENDOVER, KY. 41775**

(6b) ADDRESS CORRECTION

FOR OFFICE USE ONLY  
**18864**

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE

*George W. Wyatt*

TITLE

*Controller*

TELEPHONE

*672-2901*