

REPORT FOR 1979 DUE JULY 1, 1979

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A

STANDING: PRIOR ANNUAL REPORTS DUE: CALL
PHONE 502 564-7310
SECTION A NUMBER

(1) RECORD NO. 77972 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY 01-27-77

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT STANLEY STURMAN, D.O.B. 02/21/22
NO. 4 TRIANGLE MEDICAL CLINIC
LOUISVILLE, KY. 40220

(5) EXACT CORPORATE NAME STANLEY STURMAN, P. S. C.

(6) MAILING ADDRESS NO. 4 TRIANGLE MEDICAL CLINIC
LOUISVILLE, KY. 40220
028781

FOR OFFICE USE ONLY

(2) DATE OF INCORPORATION

(4) PROCESS AGENT

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS PLEASE OBTAIN THIS FORM FROM THE OFFICE FOR APPROPRIATE FORMS

RECEIVED STATE

MAY 31 1979
SECRETARY OF STATE

(6) MAILING ADDRESS

PLEASE NOTE: IF YOU ARE A PARTNER IN A CORPORATION, PROFESSIONAL SERVICE CORPORATION, PLEASE SEE REVERSE SIDE OF THIS FORM.

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$4.00.

CHECK PAYABLE TO KENTUCKY STATE TREASURER IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

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

Stanley Sturman

TITLE *Owner* TELEPHONE NO. *453-3241*

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