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



0628477

ORGANIZATION ID #
0628477

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

12/28/2005

FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

PAUL ANESTHESIA SERVICES, INC.
115 HEADY AVE
LOUISVILLE, KY 40207

RECEIVED
JUN 05 2007
SECRETARY OF STATE
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(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.

JENNIFER PAUL
2651 TAYLORSVILLE ROAD
APT 1E
LOUISVILLE, KY 40205

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

PAUL H GOLDMAN
29433 Southfield Road #103
Southfield MI 48076
SENT FORM

(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.

Sole Officer	Jennifer Paul	115 Heady Ave. Louisville Ky 40207
		Address
		Address
		Address
		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 (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	Address
Name	Address
Name	Address
Name	Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272.

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279.

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

x Paul Signature of Officer or Chairman of the Board
Jennifer Paul Type or Print Name
President Title
x 6/3/07 Date

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.

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.