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COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
ANNUAL REPORT
DUE JUNE 30, 2008



0150890

ORGANIZATION ID #
0150890

STATE OR COUNTRY OF INCORPORATION
KY

ORGANIZATION DATE
11/14/1968

FILING FEE
\$15.00

(1) EXACT PROFESSIONAL SERVICE CORPORATION NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

ORTHOPAEDIC ASSOCIATES, P.S.C.
225 ABRAHAM FLEXBER WAY
STE 403
LOUISVILLE, KY 40202

RECEIVED

JUN 23 2008

SECRETARY OF STATE
COMMONWEALTH OF KY

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (3) to request a form to be mailed or download form from web site.

(3) A. Statement of Change of Designated or Principal Office Address Form
B. Statement of Change of Registered Agent or Registered Office Form
MAIL FORM TO

S&H LOUISVILLE, LLC
400 WEST MARKET STREET
SUITE 1800
LOUISVILLE, KY 40202

(4) 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.

President	Frank Bonnarens	Address
Secretary	Andrew DeGruccio	Address
Treasurer	Frank Bonnarens	Address
		Address
		Address

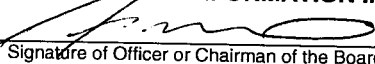
(5) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors. The annual report will be returned if business addresses are not listed.

Name	Address
Name	Address
Name	Address

(6) SHAREHOLDERS Type or print the names and addresses of the corporation's shareholders. The annual report will be returned if business addresses are not listed.

Name	Address
Frank Bonnarens	
Name	Address
Andrew DeGruccio	
Name	Address
Navin Kilambi	
Name	Address

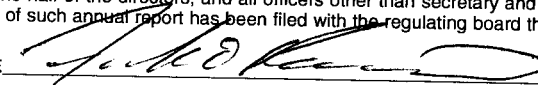
I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

 Signature of Officer or Chairman of the Board
Frank Bonnarens Type or Print Name
president Title
6/23/08 Date

CERTIFICATE OF PROFESSIONAL SERVICE CORPORATION

I, President of said corporation, certify that all of the shareholders, not less than one 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.

PRESIDENT'S SIGNATURE



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.