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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2005



0171992

ORGANIZATION ID #  
0171992

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

12/02/1968

FILING FEE

\$15.00

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

PREFERRED SURGICAL CARE, P.S.C.  
20 MEDICAL VILLAGE DR., STE. 132  
EDGEWOOD, KY 41017

RECEIVED  
MAR 18 2005  
SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(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.

JEFFREY W. RUSSELL, MD  
20 MEDICAL VILLAGE DR., STE. 132  
EDGEWOOD, KY 41017

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

(5) PRINCIPAL OFFICERS 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. 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.

President JEFFREY W RUSSELL

Address

Secretary JAMES A GIFFIN

Address

Vice President Patricia A. Abello

Address

Treasurer KENNETH A GLAVAN

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. Nonprofit corporations must list three (3) or more directors. The annual report will be returned if business addresses are not listed.

KENNETH A GLAVAN

Name

Address

Patricia A. Abello

Name

Address

Heidi C. Murley

Name

Address

(7) 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.

Heidi C. Murley

Name

Address

KENNETH A GLAVAN

Name

Address

JAMES A GIFFIN

Name

Address

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

*Jeffrey W. Russell*  
Signature of Officer or Chairman of the Board

TITLE

President

DATED

3/16/05

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

*Jeffrey W. Russell, MD*

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 LOCATIONS

Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

Secretary of State  
363 Versailles Road  
Frankfort, KY 40601  
(502)-573-0265

NOTE: P O Box 1150 is for annual report filings only.