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



0561705

ORGANIZATION ID #  
0561705

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

06/09/2003

FILING FEE

\$15.00

RECEIVED  
JAN 26 2007

SECRETARY OF STATE  
COMMONWEALTH OF KY  
SECF  
COMM.

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

ASSOCIATES FOR WOMEN'S CARE, P.S.C.  
3213 SUMMIT SQUARE PLACE  
SUITE 200  
LEXINGTON, KY 40509

(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.

MICHAEL C SLONE  
201 WALTON AVENUE  
LEXINGTON, KY 40502

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

[Empty box for mail statement of change of agent or office to]

(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.

President	Dr. Larry S. Butler	Address
Vice President	Dr. Elizabeth Campbell	Address
Secretary	Jean O'Nan	Address
Treasurer	Dr. Jean O'Nan	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.

Name	Dr. Larry Butler	Address
Name	Elizabeth Campbell	Address
Name	Jean O'Nan	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.

Name	Elizabeth Campbell	Address
Name	jean O'Nan	Address
Name	John F. Greene, III	Address

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

John F. Greene III      John F. Greene III      Vice President      1-19-07  
Signature of Officer or Chairman of the Board      Type or Print Name      Title      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.