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



0561705

ORGANIZATION ID #
0561705

STATE OR COUNTRY OF INCORPORATION

KY

ORGANIZATION DATE

06/09/2003

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

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

RECEIVED

MAR 11 2008

SECRETARY OF STATE
COMMONWEALTH OF KY

RECEIVED

FEB 14 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.

MICHAEL C SLONE
201 WALTON AVENUE
LEXINGTON, KY 40502

- (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

Empty box for additional information or forms.

(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	Dr. Larry S. Butler	Address
Secretary	Jean O'Nan	Address
Vice President	Dr. Elizabeth Campbell	Address
Treasurer	Dr. Jean O'Nan	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	Elizabeth Campbell	Address
Name	Jean O'Nan	Address
Name	Dr. Larry Butler	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	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 Signature of Officer or Chairman of the Board John F. Greene III MD Type or Print Name VP Title 1-22-08 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

John F. Butler

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.