

# Kentucky Secretary of State Annual Report

**This Annual Report was submitted electronically**

|                   |  |
|-------------------|--|
| <b>Company</b>    | KENTUCKY MENTAL HEALTH PROVIDERS, INC. |
| <b>Company ID</b> | 0456884.09.99999                       |
| <b>Date Filed</b> | 6/17/2008 11:00:18 AM                  |
| <b>Fee</b>        | \$15.00                                |

## Principal Office

900 SOUTH LIMESTONE  
CHARLES T. WETHINGTON BUILDING  
SUITE 317  
LEXINGTON, KY 40536

## Registered Agent

FRANK BUTLER  
900 S. LIMESTONE  
CHARLES T. WETHINGTON BLDG.  
SUITE 317  
LEXINGTON, KY 40536

## Officers

|              |                   |   |
|--------------|-------------------|---|
| Sole Officer | Michael Karpf, MD | 317 CHARLES T. WETHINGTON<br>BLDG.,LEXINGTON,KY 40536 |
|--------------|-------------------|---|

## Signatures

|                  |                      |
|------------------|----------------------|
| <b>Signature</b> | Theresa Blom Crocker |
| <b>Title</b>     | Paralegal            |