Organization ID # 0190139 State of origin

Filing fee \$15.00

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

2018 Annual Report Due June 30, 2018 Filing Fee \$15.00

ARP

Exact professional service corporation name and principal office address E.M.W. WOMEN'S SURGICAL CENTER, P.S.C.

136-138 W. MARKET **LOUISVILLE KY 40202**

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

ERNEST MARSHALL M.D. 136 W. MARKET ST. LOUISVILLE, KY 40202

Principal Officers specified, officer addresses	 List the name, address and title of default to the principal office address. 	f all current officer . Corporations are	s. All organizations must list at lea required to list a Secretary or oth	st one (1) officer, even in the	e case of a sole officer. If not custodian
President	ERNEST MARSHALL		7 4	ket St Louis	7 7
Secretary	ANNE AHOLA				ille, Ky yozo
Treasurer	ERNEST MARSHALL		136 Wi Mark		le ky 140202
Vice President	ONA MARSHALL		1364. Market St. Louisville Ky 40202		
Directors - List the nar director addresses default to	ne and address of all directors (if ap the principal office address.	pplicable).No listing	• • •		·/ /
ERNEST MARSHA	LL	136 W.N	arketst. Cou	isville Ku 4	10202
ONA MARSHALL			arketst Louise		
				7 1 1	
Shareholders - List t	he name and address of the corpora	ation's shareholde	rs. If not specified, shareholder ad	dresses default to the princi	pal office address.
ERNEST MARSHALL			larket St. Louis	7//	202
	·.		, , , , , , , , , , , , , , , , , , ,		
X Homest	Wanhall M.	<u> </u>	Presiden	A management	3/28/18
Signature of officer of	r chalman of the board (Required)	•	Title (Required)	1	Date (Required)

Certificate of Professional Service Corporation

I, president of said corporation, certify that all the shareholders, not less than 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. I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: http://app.sos.ky.gov/arp/0190139 OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2018 To file via mail:

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) must be received in the Office by
- If you file and pay online, do not return this document to the Secretary of State.

Organization ID # 0190139 State of origin KY Filing fee \$15.00



County: Te	Sterson		
	To complete the following, p	lease shade the box completely.	
Please indicate the size	of your business:		
Small (Fewer tha	n 50 employees)		
Large (50 or more	e employees)		
Women-Owned Veteran-Owned Minority-Owned			
- I is the second of the secon			
Veteran-Owned Minority-Owned	f the following best describes	your business:	
Veteran-Owned Minority-Owned	f the following best describes	your business:	
Veteran-Owned Minority-Owned	f the following best describes	s your business: Wholesale Trade	
Veteran-Owned Minority-Owned Please indicate which of	f the following best describes		
Veteran-Owned Minority-Owned Please indicate which of Agriculture	f the following best describes	Wholesale Trade	Estate
Veteran-Owned Minority-Owned Please indicate which of Agriculture Mining	f the following best describes	Wholesale Trade Retail Trade	Estate