

# Kentucky Secretary of State Annual Report

This Annual Report was submitted electronically

**Company** WILLIAM P. OWEN, MD, PSC  
**Company ID** 0531345.09.99999  
**Date Filed** 9/3/2004  
**Fee** \$15.00

## Principal Office

4010 DUPONT CIRCLE  
SUITE 227  
LOUISVILLE, KY 40207

## Registered Agent

WILLIAM P OWEN  
4010 DUPONT CIRCLE STE 227  
LOUISVILLE, KY 40207

## Officers

Sole Officer	William P Owen	1204 N Hwy 1793, Goshen, KY 40026
--------------	----------------	-----------------------------------

## Shareholders

Shareholder	William P Owen	1204 N Hwy 1793, Goshen, KY 40026
-------------	----------------	-----------------------------------

## Signatures

**Signature** William P Owen  
**Title** President  
**President's signature** William P Owen