

Organization ID # 0400500
State of origin KY
Filing fee \$235.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0400500.06 mstratton LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/31/2012 3:13 PM
Fee Receipt: \$235.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Reinstatement Application and
Reinstatement Annual Report**
For the years 2004 through 2012

RST

Exact limited liability company name and principal office address

HEALTH MANAGEMENT SERVICES, LLC
2647 REGENCY ROAD
SUITE 100
LEXINGTON KY 40503

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

LEONARD E. HELLER
465 EAST HIGH STREET
SUITE 204
LEXINGTON, KY 40507



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

JOHN B HARRIS
LEONARD E HELLER
ELIZABETH R HELLER

The above entity was administratively dissolved on November 8, 2004 because the entity did not file its annual report for the year 2004. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$235.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HEALTH MANAGEMENT SERVICES, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X Leonard E Heller Member, Manager 8/28/12
Signature of member or manager (Required) Title (Required) Date (Required)



THOMAS B. MILLER
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

August 31, 2012

**HEALTH MANAGEMENT SERVICES, LLC
2647 REGENCY ROAD
SUITE 100
LEXINGTON KY 40503**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HEALTH MANAGEMENT SERVICES, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/12, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Becky Breeze, Taxpayer Service Specialist I
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2117
FAX# 502-564-3392

Kentucky Secretary of State organization number 0400500