State of origin)804100 (Y	Commo	onwealth of K	entucky	0804100.09	dwilliam PRP
Filing fee \$115.00	Linhad C. Adama Canadama af Clata		Michael G. Adams Kentucky Secretary of	State		
Michael G. Ad Secretary of S P. O. Box 7 Frankfort, KY 406 (502) 564-34 http://www.sos.h	itate 18 02-0718 90		tatement App statement Anr For the year 2	nual Report	Received and Filed: 1/5/2022 1:51 PM Fee Receipt: \$115.00	
Exact professional service corporation name and principal office address LEXINGTON DERMATOLOGY & LASER CENTER, PSC 4071 TATES CREEK CENTRE DRIVE, STE. 202 LEXINGTON KY 40517			agent name/office on this form. Wh modify the addres filed. Once the reli statement of chan	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 <u>https:</u> <u>yweb.sos.kv.gov/itsearch</u> or can be downloaded from our website.		
Registered Agent and MICHAEL C. S 201 WALTON	BLONE	AND THE PLEXE				
LEXINGTON, f the above company is in company's information he FEN:N Principal Officers -	ncluded in a pai ore (optional): ame: List the name, ad	dress and title of all d		s must list at least one (1) offic	er, even in the case of a sole offi	cer.
LEXINGTON, f the above company is in company's information he FEN: N Principal Officers - If not specified, officer addre	ncluded in a par ere (optional): ame: List the name, ac esses default to t	dress and title of all the principal office addr	current officers. All organization			cer.
LEXINGTON, f the above company is in company's information he FEN: N Principal Officers - If not specified, officer addre President	ncluded in a part re (optional): ame:	dress and title of all o le principal office addr .H K. PHILLIPS	current officers. All organization	s must list at least one (1) offic		Ser.
LEXINGTON, f the above company is in company's information he FEN: N Principal Officers - If not specified, officer addre	ncluded in a part re (optional): ame:	dress and title of all the principal office addr	current officers. All organization	s must list at least one (1) offic		Cer.
LEXINGTON, I the above company is in company's information he FEN: N Principal Officers - If not specified, officer addre President Secretary Vice President	Included in a part ore (optional): ame:	dress and title of all te principal office addr H K. PHILLIPS I M. ADAIR EN CLIBURN all directors (if applica	current officers. All organization ress. Corporations are required t	s must list at least one (1) offic o list a Secretary or other office		

2021. 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 271B.14-210. Enclosed is a check in the amount of \$115.00, 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 LEXINGTON DERMATOLOGY & LASER CENTER, PSC 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.

Signature of officer Or chairman of the board (Required) Title (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.



LEXINGTON DERMATOLOGY & LASER CENTER,
PSCNotice Date:
KY SoS Org. ID:December 29, 2021
08041004071 TATES CREEK CENTRE DRIVE, STE. 202
LEXINGTON KY 40517December 29, 2021
KY SoS Org. ID:December 29, 2021
0804100

RE:	Letter of Good Standing Request - Approved		
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.		
OUR DETERMINATION	We verified the following information.		
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. 		
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx. 		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038		



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 12/29/2021

LEXINGTON DERMATOLOGY & LASER CENTER, PSC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0804100

