Organization ID # 0764901 Commonwealth of Kentucky
State of origin KY
Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State

0764901.09

mstratton NPRF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 5/14/2015 3:03 PM Fee Receipt: \$160.00

RST

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 2012 through 2015

Exact organization name and principal office address

CAPITAL AREA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. 279 KING'S DAUGHTERS DRIVE FRANKFORT KY 40601

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be deunloaded from our website.

Registered Agent and Registered Office Address	\$
--	----

SANDY MURPHY 279 KING'S DAUGHTERS DRIVE FRANKFORT, KY 40601

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	SANDY MURPHY			
Vice President	PAM L. RANKINS			
Secretary	BRANDI MOORE	Kelli	e Carr	
Treasurer	LISA STAFFORD	Susar	Richard Son	Devich
Directors - Non-profit cor office address.	rporations must have at least three (3) d	irectors, All directors of the non-profit mus	st be listed. If not specified, director addresse	s default to the principal
LISA STAFFORD				
SANDY MURPHY			2 - esser <b>           </b>	
PAM L. RANKINS		in the second		
BRANDI MOORE				
			# 1	

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. The undersigned states that the grounds for dissolution either did not exist of have been eliminated, and the entity's name satisfies the requirements of KRS 273 3181. Enclosed is a check in the amount of \$160.00, 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 CAPITAL AREA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. 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 Mandy Muscley

Signature of officer of chairman of the board (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

May 14, 2015

## CAPITAL AREA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. 299 KING'S DAUGHTERS DRIVE FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CAPITAL AREA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0764901

