	Commonwealth of Kentucky ael G. Adams, Secretary of St	LRPF 0886801 Michael G. Adams KY Secretary of State Received and Filed	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2024 through 20	eport RST	
PHYSICIANS HEALTH GROUP OF KENTUCKY, PLLC 1019 MAJESTIC DR STE 270 LEXINGTON KY 40513		e principal office address and registerec ent name/office address cannot be chan this form. When reinstating, you cannot dify the addresses until the reinstatement is d. Once the reinstatement is filed, the atement of change will be filed.	
Registered Agent and Register REGISTERED AGENT SO 828 LANE ALLEN ROAD SUITE 219 LEXINGTON, KY 40504	ed Office Address	atement of change will be filed.	
	s of the limited liability company's managers. If not specified, addres		
JOHN RUSH	903 PINECREEK POINT COURT,	SPRING, 1X//3/3	

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Small

Health Services

Business size:

Business type:

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to PHYSICIANS HEALTH GROUP OF KENTUCKY, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Elizabeth Levine Title: Authorized Representative 1/3/2025



PHYSICIANS HEALTH GROUP OF KENTUCKY, PLLC Notice Date:		January 2, 2025
1019 Majestic Dr Ste 270	KY SoS Org. ID:	0886801
Lexington KY, 40513		

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. 	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist III Email: Dottye.Roberts@ky.gov Direct: 502-564-0102	