Organization ID # 0962301 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0962301.06

LRPF

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/20/2017 2:23 PM

Fee Receipt: \$115.00

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 year 2017

Exact limited liability company name and principal office address **OLIVER WINSTON BEHAVIORAL URGENT CARE, LLC** 3207 BRIGHTON PLACE DR. **LEXINGTON KY 40509**

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 Addre	FEIN (Optional)
PINAKIN PATEL	
3207 BRIGHTON PLACE DR.	
LEXINGTON, KY 40509	
If the above company is included in a parent company'	Kentucky tax return as a disregarde
company's information here (optional):	
FEIN: Name:	
Members - List the name and address of the limited liability LLCs are not required to list their members.	mpany's members. If not specified, addresses default to the LLC's principal office address Member-managed
	118 Harrodsburg Rd Lexington, KY 40504
Protomia Rayapati	el8 Harroristaio Rd Leximoton, Ky 40504
Diasal Palel	60 Maidercane Lexington, KY 40509
Pinatin Patel	5207 Brighton Place Dr. Lexination, Ky 40509
	, , , , , , , , , , , , , , , , , , ,
The undersigned states that the grounds for disso	October 9, 2017 because the entity did not file its annual report for the year 2017. Ition either did not exist or have been eliminated, and the entity's name satisfies the 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 VIORAL URGENT CARE, LLC to the Secretary of State, as required for
If not an officer of said entity, please provide a De	laration of Power of Attorney with the Reinstatement Application.
X Signature of member or manager (Required)	Monegar 10/19/17 Title Required) Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 20, 2017

OLIVER WINSTON BEHAVIORAL URGENT CARE, LLC 3207 BRIGHTON PLACE DR. LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OLIVER WINSTON BEHAVIORAL URGENT CARE, LLC** has filed Kentucky Income Tax Returns through the tax year ended 2016, 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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-2099 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0962301

