

Organization ID # 0283604  
State of origin KY  
Filing fee \$175.00

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

0283604.09 dcornish PRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/16/2012 1:50 PM  
Fee Receipt: \$175.00

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 2008 through 2012

RST

Exact organization name and principal office address

CHIROPRACTIC HEALTH CARE CENTER, INC.  
6107 BARDSTOWN RD.  
LOUISVILLE KY 40291

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

Registered Agent and Registered Office Address

DR. GUY F. PETERSEN  
6107 BARDSTOWN RD.  
LOUISVILLE, KY 40291



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Sole Officer GUY F PETERSEN

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

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\_\_\_\_\_  
\_\_\_\_\_

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. 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 \$175.00, 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 CHIROPRACTIC HEALTH CARE CENTER, 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 [Signature] President 10.12.12  
Signature of officer or 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

October 16, 2012

**CHIROPRACTIC HEALTH CARE CENTER, INC.  
6107 BARDSTOWN RD.  
LOUISVILLE KY 40291**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CHIROPRACTIC HEALTH CARE CENTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Mark Kuyper  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-2118  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0283604



**EDUCATION and WORKFORCE DEVELOPMENT CABINET  
OFFICE OF EMPLOYMENT AND TRAINING**

**Steven L. Beshear**  
Governor

Tax Enforcement Branch  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone (502) 564-2272  
Fax (502) 564-5442  
[www.oet.ky.gov](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 10/16/2012

CHIROPRACTIC HEALTH CARE CENTER, INC.

Dear Sir/Madam:

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

The Division 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,

Jessica Harris  
Division of Unemployment Insurance  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0283604