Organization ID# 0792104 **Commonwealth of Kentucky** State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0792104.06 bschell **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 9/28/2012 1:59 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 2012

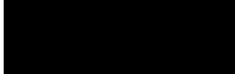
RST

Exact limited liability company name and principal office address **PULMONARY AND SLEEP ASSOCIATES, LLC** 110 HARDIN LANE **SUITE 10 SOMERSET KY 42503**

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 Address

John Gillum



117 N Main St Somerset, KY 42501
Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address Mother Ahmed, M.D.
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 or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. 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 Pulmonary and Sleep Associates, LLC 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 member of manager (Required) Signature of member of manager (Required) Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

September 28, 2012

Pulmonary and Sleep Associates, LLC 110 Hardin Lane Suite 10 Somerset KY 42503

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Pulmonary and Sleep Associates, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Ellina Alford, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2112 FAX# 502-564-0058

Kentucky Secretary of State organization number 0792104

