anization ID # 1317904 e of origin KY g fee \$115.00 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of St	LRP 1317904 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 year 2024	— — — — — — — — — — — — — — — — — — —	
xact limited liability compar EAGLE MEDICAL, PLL 504 SOUTHPOINT DRI LEXINGTON KY 40515	e principal office address and registered ent name/office address cannot be chan this form. When reinstating, you cannot dify the addresses until the reinstatement d. Once the reinstatement is filed, the tement of change will be filed.		
egistered Agent and Registe United States Corporatio 9900 Corprt Campus Dr Louisville, KY 40223	on Agents, Inc.		
County: Business size: Business type:	FAYETTE Small Health Services	ź	

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.

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

Signature of Authorized Representative: Abdussalam Shredi Title: MD 10/24/2024



EAGLE MEDICAL, PLLC 9900 Corprt Campus Dr Ste 3000 Louisville KY, 40223			Notice Date: KY SoS Org. ID:	October 24, 2024 1317904	
RE:	Letter of Good Standing Request - Approved				
SUMMARY		You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	We verified the following information.				
	2. 3. 4.	You are registered with the Departm An authorized person requested this You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree is notice will remain current for 30 day	s letter. ns as required, or yo sments with the Division ement in place.	sion of	
WHAT YOU NEED TO DO	2.	<b>You are attempting to reinstate your entity</b> , please provide a copy f this letter to the Kentucky Secretary of State within 30 days of the otice date above. <b>You are a for-profit corporation</b> , you will also need to provide the secretary of State a letter of good standing from the Division of Inemployment Insurance. Their telephone number is 502-564-6835. <b>You are a non-profit entity</b> , please remember to file a copy of your ax returns with the Kentucky Attorney General. The charity filing equirements website is: http://ag.ky.gov/family/consumerprotection/ harity/Pages/registration.aspx.			
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327				