#### Organization ID # 0636707 State of origin KY **Commonwealth of Kentucky** 0636707 Filing fee \$160 Michael G. Adams Michael G. Adams, Secretary of St Ky Secretary of State Received and Filed 11/13/2023 1:32:50 PM Michael G. Adams Fee receipt: \$160.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2020 through 2023 (502) 564-3490 http://www.sos.ky.gov Exact professional service corporation name and principal office The principal office address and registered agent name/office address cannot be chang address on this form. When reinstating, you cannot

HEALTH QUEST MEDICAL CARE, P.S.C. 2609 NEW HARTFORD SUITE 1 **OWENSBORO KY 42303** 

Registered Agent and Registered Office Address

JENNIFER MARTIN 2609 New Hartford Rd OWENSBORO, KY 42303 modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

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 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 President JENNIFER A MARTIN 2609 NEW HARTFORD RD, OWENSBORO KY

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office ad JENNIFER A MARTIN 2609 NEW HARTFORD RD, OWENSBORO KY 42303

The above entity was administratively dissolved on 10/8/2020 because the entity did not file its annual report for the year 2020. 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 HEALTH QUEST MEDICAL CARE, P.S.C. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Jennifer Martin Title: President 11/13/2023

## **Certificate of Professional Service Corporation**

I, president of said corporation, certify that all the shareholders. Not less than half of the directors, And all officers other than secretary And treasurer of the professional service corporation are duly gualified as provided in KRS Chapter 274 And a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.



## HEALTH QUEST MEDICAL CARE, P.S.C. 2200 E PARRISH AVE BLDG C STE 101 OWENSBORO KY, 42303

Notice Date: November 13, 2023 KY SoS Org. ID: 0636707

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	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310



### COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 11/13/2023

HEALTH QUEST MEDICAL CARE, P.S.C.

Dear Sir/Madam:

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

The Office 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,

Peter Travis Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0636707

