ganization ID # 1321307 te of origin KY ng fee \$130.00	Commonwealth of Kentucky /lichael G. Adams, Secretary of St	Received and Filed	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490 http://www.sos.ky.gov	For the years 2024 through 20	port RST	
UOFL HEALTH AMBULATORY SURGERY CENTER, LLC on 530 S. JACKSON STREET mod LOUISVILLE KY 40202		the principal office address and registered gent name/office address cannot be chang n this form. When reinstating, you cannot odify the addresses until the reinstatement is ed. Once the reinstatement is filed, the atement of change will be filed.	
Registered Agent and Reg JAMES RAYOME 530 S. JACKSON S LOUISVILLE, KY 4 f the above company is included parent company's information her Name: UofL Health Ambulator	STREET D202 in a parent company's Kentucky tax return as a disregarded entity o e (optional):	r a subsidiary, please provide the	
County: Business size: Business type:	JEFFERSON Large Health Services	2	

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 UOFL HEALTH AMBULATORY SURGERY CENTER, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Cyrus G. Dutton IV Title: Attorney/ Agent 1/24/2025



UOFL HEALTH AMBULATORY SURGERY CENTER,
LLCNotice Date:
KY SoS Org. ID:January 24, 2025
1321307530 S. JACKSON STREET
LOUISVILLE KY, 40202January 24, 2025January 24, 2025

<i>RE:</i>	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. 	
WHAT YOU NEED TO DO	 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. 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. 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. 	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327	