

Organization ID # 0834408  
State of origin KY  
Filing fee \$115.00

# Commonwealth of Kentucky



0834408.06

dcornish  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/23/2013 2:26 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 2013

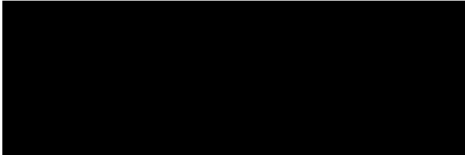
**Exact limited liability company name and principal office address**

KENTUCKY PAIN ASSOCIATES, PLLC  
1589 PARSONS PLACE  
# 7  
LOUISVILLE KY 40205

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**

Anthony A Waits  
11800 Brinley Ave  
suite 201  
louisville, KY 40243



**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.

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

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 KENTUCKY PAIN ASSOCIATES, PLLC 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 of member or manager (Required)

\_\_\_\_\_  
Title (Required)

10/21/13  
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 23, 2013

**KENTUCKY PAIN ASSOCIATES, PLLC  
222 SOUTH 1ST STREET  
SUITE 300  
Louisville KY 40202**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KENTUCKY PAIN ASSOCIATES, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Becky Breeze, Taxpayer Service Specialist I  
Pass Through Entity Tax Branch  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2117  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0834408