

Organization ID # 0110811

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0110811.09

amcray
PRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/8/2013 11:11 AM
Fee Receipt: \$130.00

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 years 2011 through 2012

RST

Exact professional service corporation name and principal office address

LOUISVILLE OB/GYN, P.S.C.
4001 DUTCHMANS LANE
SUITE 4D
LOUISVILLE KY 40207

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

DIVYA B. CANTOR, MD
4001 DUTCHMANS LANE
SUITE 3A
LOUISVILLE, KY 40207

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 sole 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 custodian

President DOUGLAS PEENO
Secretary JEREMY SCOBEE
Treasurer STEVE LEBDER
Vice President EUGENE DORF

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

ANGELA SINGLA
DOUGLAS PEENO
EUGENE DORF
STEVE LEBDER
JEREMY SCOBEE

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

ANGELA SINGLA
DOUGLAS PEENO
EUGENE DORF
STEVE LEBDER
JEREMY SCOBEE

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 271B.14-210. Enclosed is a check in the amount of \$130.00, 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 LOUISVILLE OB/GYN, P.S.C. 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] Secretary 12/20/12
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)

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 qualified 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.

X [Signature]
Signature of president of the professional service corporation (Required)



THOMAS B. MILLER
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

January 8, 2013

**LOUISVILLE OB/GYN, P.S.C.
208 PEPPERBUSH RD
LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LOUISVILLE OB/GYN, P.S.C.** 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jessica Martin, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7311
FAX# 502-564-0058

Kentucky Secretary of State organization number 0110811



**EDUCATION and WORKFORCE DEVELOPMENT CABINET
OFFICE OF EMPLOYMENT AND TRAINING**

Steven L. Beshear
Governor

Tax Enforcement Branch
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone (502) 564-2272
Fax (502) 564-5442
www.oet.ky.gov

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 01/08/2013

LOUISVILLE OB/GYN, P.S.C.

Dear Sir/Madam:

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

The Division 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,

Stacey Miller
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0110811