Organization ID # 0220513 State of origin

Filing fee

ΚY \$12.00

## **Commonwealth of Kentucky** Trey Grayson, Secretary of State

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dcornish **NPRF** 

Trey Grayson, Secretary of State

Received and Filed: 11/9/2010 12:02 PM Fee Receipt: \$12.00

Trey Grayson 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 2010

**RST** 

**Exact organization name and principal office address BABY HEALTH SERVICE, INC.** 1590 HARRODSBURG ROAD **LEXINGTON KY 40504** 

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 or can be downloaded from our website.

## Registered Agent and Registered Office Address

JULIA BYARLAY 1590 HARRODSBURG RD LEXINGTON, KY 40504



reasurer	PAT GRABEN Ann-Hillips Mayfield 633 Bellaire Ave Lex KY 40508
Secretary	DIANE AVARE Amelastot Stole Aster Rd Lex KY 40504
President	MARY LYNN V GARRETT NULLIC WILKINSON 1186 Indian Mound Lex KY 4050
/ice President	NELLHWILKINSON Kathlein Eastland 2414 Lake Part Rd Lox KY 40502
Directors - Non-profit	corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below:
MANGE LEAR CON	mic Milner 525 S. Mill St. Lex KY 40508
ANN PHILLIPS MA	
RISTHUNDLEY	Laura Parish 2956 Four Pinest 10x Ky 40502
LIZABETH SCHN	ABEL Melissa Skohan 1031tamoton Ct. Lex KY 40508
PAM GEE	3204 Hobian Lane Lex XY 40502
010. The undersign	s administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year ed states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name nents of KRS 273.3181. Enclosed is a check in the amount of \$12.00, 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 BABY HEALTH SERVICE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of <u>sai</u> d entity, please provide a Decl	aration of Power of Attorney with the Reinstatemer	nt Application.
X Chn-Hulles Mark volume Signature of officer or chairman of the board (Reguired)	Treasurer Title (Required)	Dafe (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

DON RICHARDSON Executive Director

November 9, 2010

BABY HEALTH SERVICE, INC. 1590 HARRODSBURG ROAD LEXINGTON KY 40504

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **BABY HEALTH SERVICE**, **INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Mary Jo Brown, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7317 FAX# 502-564-0058

Kentucky Secretary of State organization number 0220513

