

Organization ID # 0314614
State of origin KY
Filing fee \$160.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0314614.09 dcornish
NPRF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/27/2012 8:39 AM
Fee Receipt: \$160.00

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 2009 through 2012

RST

Exact organization name and principal office address

DIAGNOSTIC RADIOLOGY DEPARTMENTAL ENTITY, INC.
% DEPT. OF DIAGNOSTIC RADIOLOGY
U OF L HOSPITAL
530 S. JACKSON ST., SUITE C07
LOUISVILLE KY 40202

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

GREGORY C. POSTEL, M.D.
% DEPT. OF DIAGNOSTIC RADIOLOGY
U OF L HOSPITAL
530 S. JACKSON ST., SUITE C07
LOUISVILLE, KY 40202



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	<u>GREGORY C POSTEL</u>	_____
Vice President	<u>T Y HUANG</u>	_____
Secretary	<u>DONNA RICHARDSON</u>	_____
Treasurer	<u>DONNA RICHARDSON</u>	_____

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

<u>GREGORY C POSTEL</u>	_____	_____
<u>RICHARD GOLDWIN</u>	_____	_____
<u>T Y HUANG</u>	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 273.3181. Enclosed is a check in the amount of \$160.00, 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 DIAGNOSTIC RADIOLOGY DEPARTMENTAL ENTITY, INC. 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.

<u><i>Donna Richardson</i></u>	<u>Secretary/Treasurer</u>	<u>3/19/2012</u>
Signature of officer or chairman of the board (Required)	Title (Required)	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

March 23, 2012

**DIAGNOSTIC RADIOLOGY DEPARTMENTAL ENTITY, INC.
% DEPT. OF DIAGNOSTIC RADIOLOGY
U OF L HOSPITAL
530 S. JACKSON ST., SUITE C07
LOUISVILLE KY 40202**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **DIAGNOSTIC RADIOLOGY DEPARTMENTAL ENTITY, 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,

Vickie Nichols, Revenue Program Officer
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7367
FAX# 502-564-3392

Kentucky Secretary of State organization number 0314614