Organization ID # 031 State of origin KY Filing fee \$130.00	Commonwealth	Commonwealth of Kentucky Lundergan Grimes, Secretary of S		
Alison Lundergan Gr Secretary of State P. O. Box 718 Frankfort, KY 40602- (502) 564-3490 http://www.sos.ky.g	Reinstatement A Reinstatement A For the years 2016	Annual Report	8/23/2017 3:18 PM Fee Receipt: \$130.00	
	ST.	name/office add form. When rein addresses un il th reinstatement is i	fice address and registered agent fress cannot be changed on this istating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be p.sos.Ky.gov/ftsearch or can be n our website.	
% DEPT. OF ANE U OF L HOSPITA 530 S. JACKSON LOUISVILLE, KY If the above company is inclu company's information here (FEIN: Nam	LL, MD, PHD, MBA STHESIOLOGY ST. 40202 ded in a parent company's Kentucky tax return as a coptional): e:			
Principal Officers - List th specified, officer addresses default	e name, address and title of all current officers. All organizatio o the principal office address. Corporations are required to list a	ns must list at least one (1) officer, eve Secretary or other officer serving as r	en in the case of a sole officer. If not records custodian	
President	MARK BOSWELL			
Vice President				
Directors - Non-profit corporation	ions must have at least three (3) directors. All directors of the n	on-profit must be listed. If not specified	t, director addresses default to the principal	
MICHAEL HEINE		<u> </u>		
MARY BURKHART		· · · · · · · · · · · · · · · · · · ·		
LAURA CLARK				
			<u> </u>	
			<u> </u>	
The above entity was admi	nistratively dissolved on October 1, 2016 becau	ise the entity did not file its a	nnual report for the year 2016.	

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 \$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 ANESTHESIOLOGY 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.

 X
 Multiplease provide a Declaration of Power of Attorney with the Reinstatement Application.

 Signature of officer or chairman of the board (Required)
 Itel (Required)

8/15 2017 Date (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

August 23, 2017

ANESTHESIOLOGY DEPARTMENTAL ENTITY, INC. % DEPT. OF ANESTHESIOLOGY 530 S. JACKSON ST. LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **ANESTHESIOLOGY 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,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7336 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0314615

