

Organization ID # 0540222  
State of origin KY  
Filing fee \$205.00

# Commonwealth of Kentucky

0540222.09

amcray  
PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
9/4/2015 1:54 PM  
Fee Receipt: \$205.00

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 2015

**RST**

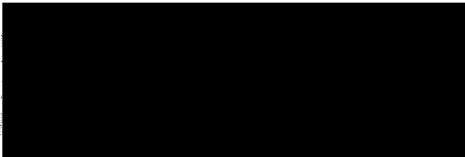
**Exact organization name and principal office address**

LOUISVILLE SPINAL CARE INC.  
2024 BROWNSBORO RD  
LOUISVILLE KY 40206

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**

N BRETT ZEMBA DC  
2024 BROWNSBORO RD  
LOUISVILLE, KY 40206



**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

Sole Officer DR. N BRETT ZEMBA 147 CHENOWETH LN LOUISVILLE, KY 40207

**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.

N. BRETT ZEMBA 147 CHENOWETH LN LOUISVILLE, KY 40207

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 271B.14-210. Enclosed is a check in the amount of \$205.00, 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 SPINAL CARE 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 [Signature] PRESIDENT X 8/31/15  
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

September 4, 2015

**LOUISVILLE SPINAL CARE INC.  
147 CHENOWETH LANE  
LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LOUISVILLE SPINAL CARE INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jay REVX255, Revenue Auditor I  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-2057  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0540222



**COMMONWEALTH OF KENTUCKY  
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
275 E MAIN ST, 2-EH  
FRANKFORT, KY 40621-0001  
(502) 564-2272  
<https://kewes.ky.gov>  
DES.UIT@KY.GOV

Date: 09/04/2015

LOUISVILLE SPINAL CARE INC.

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,

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

Kentucky Secretary of State organization number 0540222