0577523.06

Fee Receipt: \$115.00

dcornish **LRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 9/22/2011 10:32 AM

Organization ID # State of origin Filing fee

0577523

**Commonwealth of Kentucky** KY \$115.00 Elaine N. Walker, Secretary of State

Elaine N. Walker 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 2011

**RST** 

Exact limited liability company name and principal office address **EDGEWATER MEDICAL CONSULTING, LLC** 2005 LONG KNIFE COURT **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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address MARCIA GUIDA JAMES

2005 LONG KNIFE COURT LOUISVILLE, KY 40207

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address  Member-managed LLCs are not required to list their members.			
THOMAS JAMES. III MARCIA GUIDA JAMES			

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 275.295. Enclosed is a check in the amount of \$115.00, 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 EDGEWATER MEDICAL CONSULTING, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

f not an officer of said entity, please provide a Decla	aration of Power of Attorney with the Re	einstatement Application.
X Marcia Sudapines	CFO	9/19/11
Signature of member or manager (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 22, 2011

THOMAS JAMES 2005 LONG KNIFE COURT LOUISVILLE KY 40207

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EDGEWATER MEDICAL CONSULTING, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Byron Durham, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2053 FAX# 502-564-0058

Kentucky Secretary of State organization number 0577523

