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Commonwealth of Kentucky
Trey Grayson
Secretary of State

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Secretary of State
Received and Filed
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Fee Receipt: \$32.00

Application for Reinstatement
(Nonprofit)

NATIONAL BOARD OF OPHTHALMOLOGY, INC.

was administratively dissolved under KRS 273.3181 or revoked under KRS 273.367 on **November 1, 2000** because the corporation did not:

- File its annual report for the year **2000**.

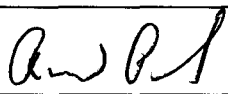
The undersigned hereby applies for reinstatement on behalf of the above named corporation and further states as follows:

1. the grounds for dissolution either did not exist or have been eliminated;
2. the corporation's name satisfies the requirements of KRS 273.177.

The following documents and fees are enclosed with this application:

- (1) A certificate from the Kentucky Revenue Cabinet reciting that all taxes owed by the corporation have been paid;
- (2) Reinstatement Annual Report;
- (3) A check in the amount of **\$32.00** which includes:
 - (a) **\$8.00** reinstatement penalty fee;
 - (b) **\$24.00** Annual report fee for 6 years.
- (4) Form SSC-107 - Complete this form if a change has occurred to the current registered office or agent, or both. Add \$5.00 to the total listed in section (3) if the form is being filed as part of this reinstatement.
- (5) Articles of Amendment to the Articles of Incorporation -If the corporation's name is unavailable for use at the time of reinstatement, add \$8.00 to the total in section (3) if an amendment is being filed as part of this reinstatement.
- (6) Articles of Amendment to the Articles of Incorporation. -If changing the corporation's period of duration due to expiration, add \$8.00 to the total in section (3) if an amendment is being filed as part of this reinstatement.

Date 9/10/05

Signature 

Title President

Corporate Name

Before filing an application for reinstatement, each corporation should call the office of the Secretary of State (502.564.3490) to make certain that its corporate name is still available for use. If a corporation's name is not available for use at the time of reinstatement, articles of amendment changing the name must accompany this application for reinstatement.

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
FRANKFORT
40620
revenue.ky.gov

August 5, 2005

NATIONAL BOARD OF OPHTHALMOLOGY
200 LAKESIDE WAY
BOWLING GREEN KY 42013
ATTN: RAND PAUL

Dear Mr. Paul:

Based upon the information submitted the NATIONAL BOARD OF OPHTHALMOLOGY, INC. is exempt from filing Kentucky Corporation Income and License Tax Returns pursuant to KRS 141.040 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky.

The Department of Revenue requests that the corporation's charter be reinstated providing all other requirements of the Secretary of State have been met by the corporation. This letter must be submitted to the office of the Secretary of State within thirty (30) days to be accepted for reinstatement.

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

Sincerely,



Daryl Parks, Revenue Auditor
Compliance Section I
Corporation Tax Branch
200 Fair Oaks Lane, Second Floor
P O Box 1302, Station 52
Frankfort, KY 40601
(502) 564-8139, Ext. 4678
FAX (502) 564-3392

**Commonwealth of Kentucky
Trey Grayson, Secretary of State
Reinstatement Annual Report**

Record Number: 0479924

Report for years of 2000 through 2005

(1) Exact Corporate name and Principal Office Address:

(4) Total filing fee: \$24.00

NATIONAL BOARD OF OPHTHALMOLOGY, INC.
1945 SCOTTSVILLE RD
B-2, #202
BOWLING GREEN, KY 42104

(2) Principal Office Address is hereby changed to:

(5) State of Incorporation: Kentucky

(6) Date of Incorporation: 9/7/1999

(3) Registered Agent and Registered Office Address:

RAND H. PAUL, M.D.
1945 SCOTTSVILLE RD
B-2, #202
BOWLING GREEN, KY 42104

Please note: Changes made to the registered agent or registered office address in #3 cannot be made on this form. Please complete form #SSC-107.

Please type or print the names and business addresses of the corporation's current principal officers. If sole officer, please check:

President	<u>RAND PAUL</u>	<u>200 Lakeside Way</u>	<u>Bowling Green KY 42103</u>
Vice President	<u>Kelley PAUL</u>	<u>200 Lakeside Way</u>	<u>" "</u>
Secretary	<u>Hilton Ashby</u>	<u>139 Dateview Circle</u>	<u>Russellville KY 42276</u>
Treasurer	_____	_____	_____

Please type or print the names and business address of the corporation's directors.

Directors are required to be listed. No listing of directors is verification that the corporation has dispersed with the board of directors. Non-profit corporations must list three or more directors.

<u>RAND PAUL</u>	<u>same as above</u>
<u>Kelley Paul</u>	<u>"</u>
<u>Hilton Ashby</u>	<u>"</u>

I verify that the information in this annual report is current as of the date this report is executed.

Authorized Signature *Rand Paul* Title president Date 9/10/05

Professional Service Corporations only:

In addition to the annual report content requirement, a list of names and addresses of all shareholders of the professional service corporation must be included, and the president must sign the certificate below.

Certificate of Professional Services Corporation

I, president of said corporation, do certify that all of the shareholders, not less than one half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS chapter 274, and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this statement.

President's signature *Rand Paul*