

Organization ID # 0322526

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0322526.09

amcray
NPRF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

3/1/2013 8:47 AM

Fee Receipt: \$130.00

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 2012 through 2013

RST

Exact organization name and principal office address

UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE
ASSOCIATION, INC.
UNIVERSITY PHYSICIANS ASSOCIATES
550 S. JACKSON ST.
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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

PAMELA ANDERSON
UNIVERSITY PHYSICIANS ASSOCIATES
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

Vice Chairman ALAN TASMAN

Chairman GERARD RABALAIS

Secretary ANTHONY CASALE

Treasurer GREGORY POSTEL

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.

GERARD RABALAIS, MD

ALAN TASMAN, MD

GREGORY POSTEL, MD

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOCIATION, 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]*
Signature of officer or chairman of the board (Required)

Chair of Finance
Title (Required)

2/25/13
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

February 28, 2013

**UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOCIATION, INC.
UNIVERSITY PHYSICIANS ASSOCIATES
550 S. JACKSON ST.
LOUISVILLE KY 40202**

Re: Request for a Letter of Good Standing

The Department of Revenue acknowledges receipt of your request for a letter of good standing for **UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOCIATION, INC.**. Revenue records indicate that the corporation has not filed Kentucky Corporation Income and LLET returns.

Based on the information submitted, this office has determined that returns are not required as of the date of this letter. The Department of Revenue requests the corporation'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,

Lamarr Wallace, Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7315
FAX# 502-564-0058

Kentucky Secretary of State organization number 0322526