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amcray
LRPF

Organization ID # 0881926

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/28/2016 11:28 AM
Fee Receipt: \$115.00Alison 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 year 2016

RST

Exact limited liability company name and principal office addressJD MEDICAL CONSULTANT'S, PLLC
3355 GREENHILL LN
LOUISVILLE KY 40207The 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 beRegistered Agent and Registered Office AddressJerry Davis
3355 Greenhill Ln
Louisville, KY 40207If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent
company's information here (optional):

FEIN: _____ Name: _____

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

JERRY DAVIS

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual 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 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 JD Medical Consultant's, PLLC 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 of member or manager (Required)

MANAGER

Title (Required)

12/8/16

Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

December 28, 2016

JD Medical Consultant's, PLLC
3355 Greenhill Ln
Louisville KY 40207

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JD Medical Consultant's, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/2015, 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,

Michael REV3946, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7393
FAX# 502-564-3392

Kentucky Secretary of State organization number 0881926