

Organization ID # 0328328
State of origin KY
Filing fee \$145.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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PRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/29/2017 12:51 PM
Fee Receipt: \$145.00

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 2015 through 2017

Exact organization name and principal office address

MEDICAL MULTIPLEX, INC.
% NATIONAL HEALING CORPORATION
5220 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32256

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

Corporation Service Company
421 WEST MAIN STREET
FRANKFORT, KY 40601

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: _____

FEIN (Optional)

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

CFO / TREASURER	DAVID BASSIN		
COO	GREG MARTIN		
President / CEO	JEFF NELSON		
CLO / SECRETARY	JARROD HENSHAW		

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.

JEFF NELSON			

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$145.00, 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 MEDICAL MULTIPLEX, 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 of officer or chairman of the board (Required)

Chief Financial Officer
Title (Required)

8/22/2017
Date (Required)



DANIEL P. BORK
Commissioner

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

August 29, 2017

**MEDICAL MULTIPLEX, INC.
% NATIONAL HEALING CORPORATION
5220 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32256**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MEDICAL MULTIPLEX, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 52
Frankfort, KY 40601
Phone# (502) 564-2169
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0328328



**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: 08/29/2017

MEDICAL MULTIPLEX, 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 0328328