Organization ID # 0271829 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0271829.09

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 9/20/2012 8:43 AM

Fee Receipt: \$115.00

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 year 2012

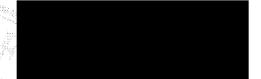
Exact professional service corporation name and principal office address

LEXINGTON INFECTIOUS DISEASE CONSULTANTS, P.S.C. 1720 NICHOLASVILLE RD **STE 602 LEXINGTON KY 40503**

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

MARK J. DOUGHERTY, M.D. 1720 NICHOLASVILLE RD SUITE 602 LEXINGTON, KY 40503-1472



Vice President	JOHN MEEK		
Secretary	ELIZABETH PIERCY		On the state of th
Treasurer	CHARLES KENNEDY		
President	MARK DOUGHERTY		
Directors - List the name at director addresses default to the		No listing of directors is verification	that the corporation has dispensed with directors. If not specifie
			Extraction of the
CHARLES KENNEDY		and the second of the second o	
MARK DOUGHERTY MICHAEL MIEDLER Charles Ko			
MICHAEL MIEDLER The above entity was adr 2012. The undersigned s	ministratively dissolved on Sep tates that the grounds for disso	plution either did not exist o	the entity did not file its annual report for the year for have been eliminated, and the entity's name at of \$115.00, payable to Kentucky State Treasu
MICHAEL MIEDLER The above entity was adr 2012. The undersigned s satisfies the requirements Under penalty of perjury,	ministratively dissolved on Sep tates that the grounds for disso s of KRS 271B.14-210. Enclose the below signed hereby autho LEXINGTON INFECTIOUS DIS	olution either did not exist on ed is a check in the amour prizes the Kentucky Depart	or have been eliminated, and the entity's name
The above entity was adr 2012. The undersigned s satisfies the requirements Under penalty of perjury, information pertaining to reinstatement pursuant to	ministratively dissolved on Septates that the grounds for dissons of KRS 271B.14-210. Encloson the below signed hereby author LEXINGTON INFECTIOUS DISTORMED TO THE STATE OF T	olution either did not exist on ed is a check in the amour prizes the Kentucky Depart SEASE CONSULTANTS, F	or have been eliminated, and the entity's name at of \$115.00, payable to Kentucky State Treasument of Revenue to release any applicable tax P.S.C. to the Secretary of State, as required for the Reinstatement Application. $Q \left(\begin{array}{c} 1 & 1 \\ 1 & 1 \end{array} \right)$

I, presiderit of said corporation, certify that all the shareholders, not less than 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 liftenses the shareholders described in this certificate.

ature of president of the professional service corporation (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 09/19/2012

LEXINGTON INFECTIOUS DISEASE CONSULTANTS, P.S.C.

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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0271829





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

September 19, 2012

LEXINGTON INFECTIOUS DISEASE CONSULTANTS, P.S.C. 1720 NICHOLASVILLE RD STE 602
LEXINGTON KY 40503

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LEXINGTON INFECTIOUS DISEASE CONSULTANTS**, **P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jeannette Relford, 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 0271829

