

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/2/2015 3:00 PM  
Fee Receipt: \$115.00

Organization ID # 0523332  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

0523332

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 2015

RST

Exact professional service corporation name and principal office address

ASHLAND ORTHOPEDIC ASSOCIATES, P.S.C.  
700 ST. CHRISTOPHER DR.  
MEDICAL OFFICE BUILDING 3, STE 200  
ASHLAND KY 41101

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the address until the reinstatement is filed. Once the

Registered Agent and Registered Office Address

LAURA C. REESE, D.O.  
700 ST. CHRISTOPHER DR.  
MEDICAL OFFICE BLDG 3, STE 200  
ASHLAND, KY 41101



31-1712029

Principal Officers - List the name and address of the principal officers. All organizations must file the names (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 file the Secretary of State's office serving as the records custodian

President LAURA C. REESE  
Secretary SCOTT REESE

Directors - List the name and address of the directors (if applicable). No filing or annual is verification that the corporation has complied with directors. If not specified, director addresses default to the principal office address.

LAURA C. REESE

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

LAURA C. REESE

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 \$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 ASHLAND ORTHOPEDIC ASSOCIATES, P.S.C. 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 \_\_\_\_\_ 10/29/15  
Signature of officer or chairman of the board (Required) File (Required) Date (Required)

Certificate of Professional Service Corporation

I, president 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 licenses the shareholders described in this certificate.

I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct as of today.

X \_\_\_\_\_  
Signature of president of the professional service corporation (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

November 2, 2015

**ASHLAND ORTHOPEDIC ASSOCIATES, P.S.C.  
700 ST. CHRISTOPHER DR.  
MEDICAL OFFICE BUILDING 3, STE 200  
ASHLAND KY 41101**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ASHLAND ORTHOPEDIC ASSOCIATES, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2014, 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,

Gary REV1282, Revenue Program Officer  
Division of Corporation Tax  
501 High Street, Mail Sta.52  
Frankfort, KY 40601  
502-564-7281  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0523332



**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: 11/02/2015

ASHLAND ORTHOPEDIC ASSOCIATES, 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,

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 0523332