

Organization ID # 0884533

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

## Commonwealth of Kentucky

0884533.06

amcray  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
12/7/2015 2:06 PM  
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 2015

RST

**Exact limited liability company name and principal office address**

MED-LIFE-FIT MEDICAL AND LIFESTYLE MANAGEMENT FAMILY  
MEDICAL CENTER LLC  
903 WINCHESTER BOULEVARD  
ELIZABETHTOWN KY 42701

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

JESSICA DOWE  
903 WINCHESTER BOULEVARD  
ELIZABETHTOWN, KY 42701

**Managers** - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

The above entity was administratively dissolved on September 17, 2015 because the entity did not file its annual report for the year 2015. The undersigned states the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.285. 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 MED-LIFE-FIT MEDICAL AND LIFESTYLE MANAGEMENT FAMILY MEDICAL CENTER LLC to the Secretary of State, as required for reinstatement pursuant to KRS 27.014-220.

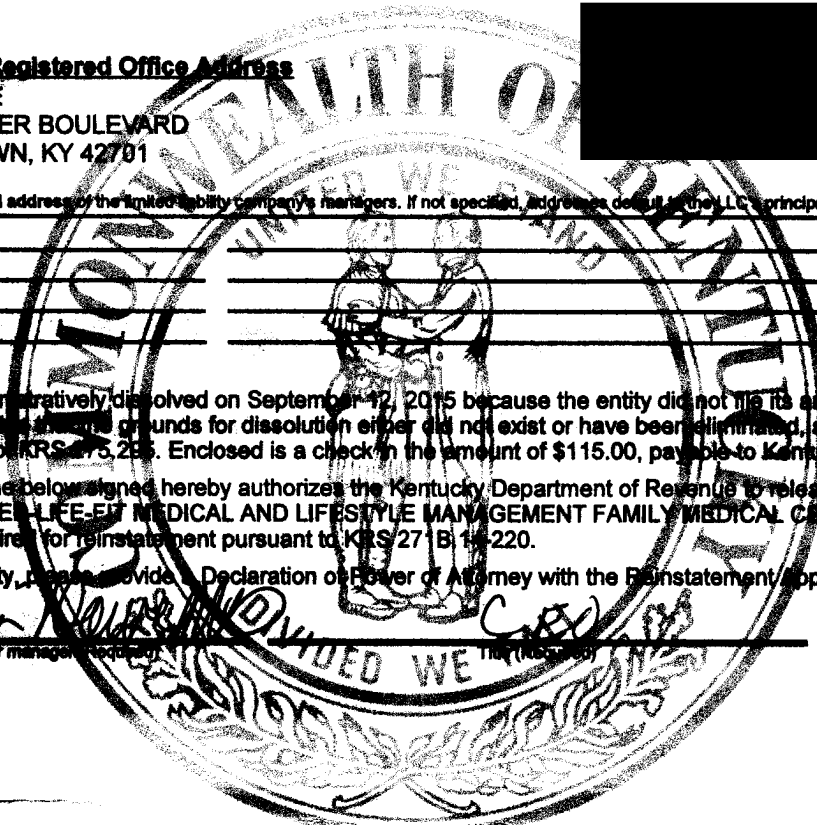
If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X

Signature of member or manager (Required)

Title (Required)

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

December 7, 2015

**MED-LIFE-FIT MEDICAL AND LIFESTYLE MANAGEMENT FAMILY MEDICAL CENTER  
LLC  
10000 BROWNSBORO RD  
STE 7  
LOUISVILLE KY 40241**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MED-LIFE-FIT MEDICAL AND LIFESTYLE MANAGEMENT FAMILY MEDICAL CENTER LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Theresa REV0868, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7288  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0884533