Organization ID # 0712234 Commonwealth of Kentucky State of origin KY Filing fee \$220.00 Michael G. Adams, Secretary of State			0712234.09 vmiller PRPF Michael G. Adams Kentucky Secretary of State Received and Filed: 1/31/2020 11:47 AM	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applic Reinstatement Annua For the years 2013 throu	al Report	Fee Receipt: \$220.00	
Exact professional service corpor THE ENDOCRINE & DIAB 2200 E. PARRISH AVENU BLDG E STE 101 OWENSBORO KY 42303		name/office add form. When reins addresses until th reinstatement is f	fice address and registered agent ress cannot be changed on this stating, you cannot modify the ne reinstatement is filed. Once the filed, the statement of change can be <u>o.sos.ky.gov/ftsearch</u> or can be our website.	
Registered Agent and Registered ZOUHAIR BIBI 2200 E. PARRISH AVENUI BLDG E STE 101 OWENSBORO, KY 42303 If the above company is included in a pi company's information here (optional): FEIN: Name:	E arent company's Kentucky tax return as a disregarde	d entity or a subsidiar	y, please provide the parent	
	dress and title of all current officers. All organizations must list a val office address. Corporations are required to list a Secretary of IR BIBI			
Directors - List the name And address of director addresses default to the principal office	all directors (if applicable).No listing of directors Is verification th address.	hat the corporation has disp	pensed with directors. If Not specified,	
Shareholders - List the name and addre ZOUHAIR BIBI	ess of the corporation's shareholders. If not specified, sharehold	er addresses default to the	e principal office address.	
2013. The undersigned states that the satisfies the requirements of KRS 2 <sup>2</sup> Under penalty of perjury, the below	ly dissolved on September 28, 2013 because th he grounds for dissolution either did not exist or 71B.14-210. Enclosed is a check in the amount signed hereby authorizes the Kentucky Departm DCRINE & DIABETES CENTER, P.S.C. to the So	have been eliminat of \$220.00, payable nent of Revenue to r	ed, and the entity's name to Kentucky State Treasurer. release any applicable tax	
	e provide a Declaration of Power of Attorney with President Dard (Required) Title (Required) Certificate of Professional Service Cor	ed)	Application. 2/28/20 Date (Required)	

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 forgoing Is true And correct as of today.



THE ENDOCRINE & 2200 E. PARRISH AV BLDG E STE 101 OWENSBORO KY 4		Notice Date: KY SoS Org. ID:	January 31, 2020 0712234		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ul><li>from filing.</li><li>4. You have no outstanding tax asses Collections or have a valid pay ag</li></ul>	with the Department of Revenue. on requested this letter. and LLE tax returns as required, or you are exempt anding tax assessments with the Division of			
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.</li> <li>If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx.</li> </ol>				
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289				



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 01/31/2020

THE ENDOCRINE & DIABETES CENTER, P.S.C.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0712234

