

FRANKFORT, KY 40602-0010  
(502) 564-3490  
<http://www.sos.ky.gov>

For the year 2020

0775535.06

balimonos  
LRPF

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
11/6/2020 7:59 AM  
Fee Receipt: \$115.00

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

KENTUCKY ANESTHESIA SERVICES, PLLC  
324 GEORGE STREET  
SOMERSET KY 42503

The principal office address and name/office address cannot be changed on this form. When reinstating, you cannot modify the address until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [apps.sos.ky.gov](http://apps.sos.ky.gov) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

GEORGE A KARGAS, MD  
324 GEORGE STREET  
SOMERSET, KY 42503

**FEIN (Optional)**

27-4093599

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: 27-4093599 Name: Kentucky Anesthesia Services, PLLC

**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.

GEORGE ARISTOMENIS KARGAS

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report. The undersigned states that the grounds for dissolution either did not exist or have been eliminated. Enclosed is a check in the amount of \$115.00, payable to KRS 275.295.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to KENTUCKY ANESTHESIA SERVICES, PLLC 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 George A. Kargas  
Signature of member or manager (Required)

President  
Title (Required)

11/2/2020  
Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**KENTUCKY ANESTHESIA SERVICES, PLLC**  
**324 GEORGE STREET**  
**SOMERSET KY 42503**

Notice Date: November 5, 2020  
KY SoS Org. ID: 0775535

**RE:** *Letter of Good Standing Request - Approved*

---

**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

---

**OUR DETERMINATION** We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

---

**WHAT YOU NEED TO DO**

1. **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.
2. **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.
3. **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>.

---

**CONTACT INFORMATION** If you have any questions regarding this notice, please contact me. Thank you.

Agent: Dottye REV3769, Taxpayer Specialist I  
Email: [Dottye.Roberts@ky.gov](mailto:Dottye.Roberts@ky.gov)  
Direct: 502-564-0102

---