## Organization ID # 1186035 State of origin KY **Commonwealth of Kentucky** 1186035 Filing fee \$115 Michael G. Adams Michael G. Adams, Secretary of St **KY Secretary of State** Received and Filed 11/13/2023 1:32:19 PM Michael G. Adams Fee receipt: \$115.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the year 2023 (502) 564-3490 http://www.sos.ky.gov Exact limited liability company name and principal office address The principal office address and registered agent name/office address cannot be chang HEALING HANDS HEALTH CENTER, LLC on this form. When reinstating, you cannot **1321 CUMBERLAND FALLS HIGHWAY** modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the **SUITE 300** statement of change will be filed. **CORBIN KY 40701** Registered Agent and Registered Office Address KRISTINA BROUGHTON

Managers - List the name And address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office addr KRISTINA BROUGHTON 125 BAILEY SWITCH LOOP

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Healing Hands Health Center, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Kristina Broughton Title: Owner 11/13/2023

1321 Cumberland falls Highway

Suite 300

corbin, KY 40701



Healing Hands Health Center, LLC 1321 Cumberland Falls Highway Suite 300 Corbin KY, 40701		Notice Date: KY SoS Org. ID:	November 13, 2023 1186035
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	<ol> <li>We verified the following information</li> <li>You are registered with the Determination</li> <li>An authorized person requested</li> <li>You filed income and LLE tax filing.</li> <li>You have no outstanding tax a Collections or have a valid pay</li> </ol>	epartment of Revenue. ed this letter. returns as required, or yo assessments with the Divi / agreement in place.	sion of
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to rein of this letter to the Kentucky S notice date above.</li> <li>If you are a for-profit corpor Secretary of State a letter of g Unemployment Insurance. The</li> <li>If you are a non-profit entity tax returns with the Kentucky requirements website is: http:// charity/Pages/registration.asp</li> </ol>	nstate your entity, please Secretary of State within 3 ration, you will also need good standing from the Div eir telephone number is 50 y, please remember to file Attorney General. The ch //ag.ky.gov/family/consum	e provide a copy 30 days of the to provide the vision of 02-564-6835. a copy of your arity filing
CONTACT INFORMATION	If you have any questions regarding you. Agent: Dottye REV3769, Taxpay Email: Dottye.Roberts@ky.gov Direct: 502-564-0102		act me. Thank