

Organization ID # 0683440  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

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NPRF  
Elaine N. Walker, Secretary of State  
Received and Filed:  
9/28/2011 2:08 PM  
Fee Receipt: \$115.00

Elaine N. Walker  
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 2011

RST

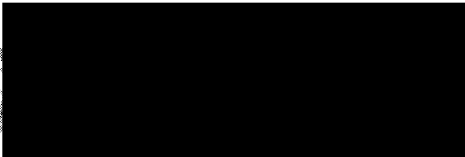
**Exact organization name and principal office address**

GRACE COMMUNITY HEALTH CENTER, INC.  
GRACE COMMUNITY HEALTH CENTER, INC.  
39 CUMBERLAND GAP PLAZA  
PO BOX 570  
GRAY KY 40734

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

**Registered Agent and Registered Office Address**

DAVID A WORTHY  
GRACE COMMUNITY HEALTH CENTER, INC.  
39 CUMBERLAND GAP PLAZA  
PO BOX 570  
GRAY, KY 40734



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (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 list a Secretary or other officer serving as records custodian

CEO DAVID ALAN WORTHY

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

RONALD ALAN COPPOCK  
SHARON WARRINER  
JONATHON DAVID HART

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 273.3181. 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 GRACE COMMUNITY HEALTH CENTER, INC. 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 Signature of officer or chairman of the board (Required)

CEO Title (Required)

9/26/2011 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

September 28, 2011

**GRACE COMMUNITY HEALTH CENTER, INC.  
GRACE COMMUNITY HEALTH CENTER, INC.  
39 CUMBERLAND GAP PLAZA  
PO BOX 570  
GRAY KY 40734**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **GRACE COMMUNITY HEALTH CENTER, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Byron Durham, Revenue Auditor  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-2053  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0683440