

Organization ID # 0289741
State of origin KY
Filing fee \$145.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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PRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
5/15/2012 9:54 AM
Fee Receipt: \$145.00

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 years 2010 through 2012

RST

Exact professional service corporation name and principal office address

TRI-STATE DIGESTIVE DISEASE ASSOCIATES, P.S.C.
617 23RD ST, STE 11
ASHLAND KY 41101

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 or can be downloaded from our website.

Registered Agent and Registered Office Address

MICHAEL DON CANTY, M.D.
617 23RD STREET
STE 11
ASHLAND, KY 41101

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

President	MICHAEL D CANTY	
Treasurer	JOHN MORGENSTERN	

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

MICHAEL D CANTY	
JOHN MORGENSTERN	

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 271B.14-210. Enclosed is a check in the amount of \$145.00, 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 TRI-STATE DIGESTIVE DISEASE ASSOCIATES, P.S.C. 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		President, 	5/7/12
	Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)

Certificate of Professional Service Corporation

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.

X	
	Signature of president of the professional service corporation (Required)



THOMAS B. MILLER
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

May 14, 2012

TRI-STATE DIGESTIVE DISEASE ASSOCIATES, P.S.C.
617 23RD ST, STE 11
ASHLAND KY 41101

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRI-STATE DIGESTIVE DISEASE ASSOCIATES, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/11, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Becky Breeze, Taxpayer Service Specialist I
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2117
FAX# 502-564-3392

Kentucky Secretary of State organization number 0289741



**EDUCATION and WORKFORCE DEVELOPMENT CABINET
OFFICE OF EMPLOYMENT AND TRAINING**

Steven L. Beshear
Governor

Tax Enforcement Branch
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone (502) 564-2272
Fax (502) 564-5442
www.oet.ky.gov

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 05/10/2012

TRI-STATE DIGESTIVE DISEASE ASSOCIATES, P.S.C.

Dear Sir/Madam:

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

The Division 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,

Tara Welch
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0289741