Organization ID# 0334841 State of origin

**Commonwealth of Kentucky** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0334841.09

bschell **NPRF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 9/28/2012 2:05 PM Fee Receipt: \$115.00

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 year 2012

**RST** 

Exact organization name and principal office address UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL NEUROLOGY DEPARTMENT ENTITY, INC. % DEPT. OF NEUROLOGY

**UNIVERSITY OF LOUISVILLE LOUISVILLE KY 40292** 

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address DANIEL T. ALBERS, JR.

401 W. MAIN ST. **SUITE 1950** LOUISVILLE, KY 40202

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	S - List the name, address and ti es default to the principal office add				
Sole Officer	ROBERT P. FRI	EDLAND			
	<del></del>		_		
<b>Directors</b> - Non-protoffice address.	fit corporations must have at least	three (3) directors. All dire	ectors of the non-profit must be	listed. If not specified, direc	ctor addresses default to the principal
KELLY A. PORTE	R			7	
ROBERT P. FRIE				· · · · · · · · · · · · · · · · · · ·	
MARY R. MCCO					
		<del></del>		<u></u>	
2012. The undersig	ras administratively dissolv gned states that the ground ements of KRS 273.3181.	ds for dissolution e	ither did not exist or hav	ve been eliminated, a	and the entity's name
information pertain	erjury, the below signed he ing to UNIVER\$TY OF LO as required for reinstatem	DUIŚVILLE MEDIC	AL SCHOÓL NEUROLO		
If not an officer of s	said entity, please provide	a Declaration of Po	ower of Attorney with the	e Reinstatement App	olication.
X	My	R	resident		9/24/12
Signature of office	er or chairman of the hoard (Require		Title (Required)		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, 2012

UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL NEUROLOGY DEPARTMENT ENTITY, INC.
% DEPT. OF NEUROLOGY
UNIVERSITY OF LOUISVILLE
LOUISVILLE KY 40292

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL NEUROLOGY DEPARTMENT ENTITY, 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,

Ellina Alford, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2112 FAX# 502-564-0058

Kentucky Secretary of State organization number 0334841

