Organization ID # 0484242 State of origin

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

0484242.06

amcray **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 9/20/2012 1:11 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 limited liability company name and principal office address

**HEALTHCARE STRATEGIES, LLC** 101 MEDICAL HEIGHTS DRIVE SUITE F FRANKFORT KY 40601

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

JULIE THOMAS 101 MEDICAL HEIGHTS DRIVE SUITE F FRANKFORT, KY 40601



<b>Members</b> - List the name and address of the limited Member-managed LLCs are not required to list their members.	d liability company's member	rs. If not specified, addresses defa	ult to the LLC's principal office address
JOHN R. LYON			
JULIE THOMAS			
JOSEPH J DOBNER			

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 275.295. 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 HEALTHCARE STRATEGIES, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-22

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

itle (Required) of member or manager (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 20, 2012

HEALTHCARE STRATEGIES, LLC 298 KING'S DAUGHTERS DRIVE FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HEALTHCARE STRATEGIES**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Frankie Eden, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0484242

