Organization ID # 0070947 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

0070947.09

Michael G. Adams

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Fee Receipt: \$115.00 Reinstatement Annual Report For the year 2020

Kentucky Secretary of State Received and Filed: 11/19/2020 10:27 AM

Exact professional service corporation name and principal office address

PHILLIPS, PRATT AND MCFARLAND, P. S. C. **SOUTH CREEK MEDICAL CENTER** ONE SOUTH CREEK DR., STE 102 **MONTICELLO KY 42633**

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:

RONALD M. MCFARLAND, MD 1 SOUTH CREEK DRIVE STE 102 MONTICELLO, KY 42633

If the above company is included in a parent company's Kentucky tax return as a disregar company's information here (optional): Name:

FEIN (Optional)

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	RONALD M MCFA	RONALD M MCFARLAND			•		
Secretary	RONALD M MCFA						
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		*				• •	
Directors - Non-pro office address.	ofit corporations must have at least thre	e (3) directors. All c	lirectors of the non-	profit must be liste	d. If Not specified, di	rector addresses default t	o the principal
Joyce Bell Barbara Tur	- President pin - Treas wer		M. Fraze Owens -	-17	Member		
<u> </u>	nes - Secretary	Cynthia			Member		
Leon Allen Diane Sutton				· · · · · · · · · · · · · · · · · · ·			
Shareholders - L	ist the name and address of the corpo	ration's shareholde	rs. If not specified,	shareholder addres	sses default to the pr	incipal office address.	
RONALD M MCF	ARLAND				<u></u>		
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The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$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 PHILLIPS, PRATT AND MCFARLAND, 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.

Signature of officer Or chairman of the board (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.

I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

PHILLIPS, PRATT AND MCFARLAND, P. S. C. SOUTH CREEK MEDICAL CENTER ONE SOUTH CREEK DR., STE 102 MONTICELLO KY 42633

Notice Date: November 16, 2020

KY SoS Org. ID: 0070947

RE: Letter of Good Standing Request - Approved

SUMMARY You requested a letter of good standing, and your entity is in **good**

standing with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

 You filed income and LLE tax returns as required, or you are exempt from filing.

4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

WHAT YOU NEED TO DO 1.

- If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
- 2. **If you are a for-profit corporation**, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
- 3. **If you are a non-profit entity,** please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank

Agent: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289