Organization ID # 0715349 State of origin Filing fee

Commonwealth of Kentucky \$145.00 Elaine N. Walker, Secretary of State

0715349.06

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Elaine N. Walker, Secretary of State

RST

Received and Filed: 10/4/2011 2:02 PM Fee Receipt: \$145.00

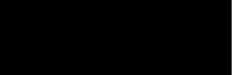
Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Annual Report For the years 2009 through 2011

Reinstatement Application and

Exact limited liability company name and principal office address FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC PO BOX 1535 **BARBOURVILLE KY 40906**

Registered Agent and Registered Office Address



The principal office address and registered agent

reinstatement is filed, the statement of change can be

filed online at app.sos.kv.gov/ftsearch or can be

downloaded from our website.

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the

ffice address cannot be changed on this

GINA L GOOD		
SUITE 3		
2886 US KY HWY 1629		
CORBIN, KY 40701		
Members – List the name and address of th Member-managed LLCs are not required to list their	ne limited liability company's members. If not specified, addresses default	to the LLC's principal office address
Ginal Gud	P.O. Box 1535, Barbour Ville Ku	40906
		
2009. The undersigned states that the	dissolved on November 3, 2009 because the entity did not file its ar grounds for dissolution either did not exist or have been eliminated 295. Enclosed is a check in the amount of \$145.00, payable to Ker	, and the entity's name
Under penalty of perjury, the below sig information pertaining to FAMILY HEAl reinstatement pursuant to KRS 271B.1	ned hereby authorizes the Kentucky Department of Revenue to rele LTH CARE ASSOCIATES OF CORBIN, PLLC to the Secretary of S 4-220.	ease any applicable tax state, as required for
If not an officer of said entity, please pr	rovide a Declaration of Power of Attorney with the Reinstatement A	pplication.
x A l	owner	09/30/11
/ Signature of mamper of manager /Deg	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 4, 2011

FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC PO BOX 1535 BARBOURVILLE KY 40906

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

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 0715349

