Organization ID # State of origin Filing fee	0429450 KY \$115.00	Commonwealth of Kentucky Trey Grayson, Secretary of State		0429450.09 dcornish PRPF Trey Grayson, Secretary of State Received and Filed: 11/9/2010 12:23 PM Fee Receipt: \$115.00		
Trey Grayson 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 2010			RST	
Exact organization name and principal office address CENTRAL KENTUCKY PHYSICAL THERAPY, INC. 1100 GLENSBORO ROAD SUITE 1 LAWRENCEBURG KY 40342			name/office a form. When r addresses un reinstatement filed online at	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
LAWRENC	ISCOE ISBORO RD, EBURG, KY	STE 1 40342				
Sole Officer	- 	Idress and title of all current officers. All organization BRISCOE	ns must list at least one (1) officer,	even in the case of a si		
Directors - List the name	ne and address of	all directors (if applicable).No listing of directors is ve	prification that the corporation has	dispensed with director	S	

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 \$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 CENTRAL KENTUCKY PHYSICAL THERAPY, INC. 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.

P Х And the board (Required)

resi C

11-08-2010



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

DON RICHARDSON Executive Director

November 9, 2010

CENTRAL KENTUCKY PHYSICAL THERAPY, INC. 1100 GLENSBORO ROAD SUITE 1 LAWRENCEBURG KY 40342

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CENTRAL KENTUCKY PHYSICAL THERAPY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

M. L. Parker, Taxpayer Specialist II Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0429450





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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 11/09/2010

CENTRAL KENTUCKY PHYSICAL THERAPY, INC.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0429450

