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LRPFAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
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Fee Receipt: \$115.00

From: Cathy Dreszer <C.Dreszer@insightbb.com>
Subject: Fwd: Okolona Medical Center LLC
Date: September 20, 2012 10:54:49 AM EDT
To: Cathy Dreszer <c.dreszer@insightbb.com>
1 Attachment, 90.1 KB

Begin forwarded message:

Organization ID # 0576555
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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

OKOLONA MEDICAL CENTER LLC
6500 PRESTON HIGHWAY
LOUISVILLE KY 40219

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/#search or can be downloaded from our website.

Registered Agent and Registered Office Address

ANUJ G. RASTOGI
462 S. FOURTH STREET
STE 2200
LOUISVILLE, KY 40202

FEIN (Optional)

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

MOISES DRESZER
RAVI CHARY

The above entity was administratively dissolved on September 14, 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 OKOLONA MEDICAL CENTER LLC 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.

X

Signature of member or manager (Required)

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 27, 2012

**OKOLONA MEDICAL CENTER LLC
6500 PRESTON HIGHWAY
LOUISVILLE KY 40219**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OKOLONA MEDICAL CENTER 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,

Brad Butcher, Revenue Program Officer
Division of Corporation Tax
State Office Building,
501 High Street, Mail Station 52
Frankfort, KY 40601
502-564-8139 ext.42055
FAX# 502-564-0058

Kentucky Secretary of State organization number 0576555