

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

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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LRPF
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
11/12/2020 11:28 AM
Fee Receipt: \$115.00

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
Reinstatement Annual Report
For the year 2020

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/ftsearch 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)

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

FEIN: _____ Name: _____

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.

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RAVI CHARY

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 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 M. C. Adams
Signature of member Or manager (Required)

M. C. Adams
Title (Required)

11-5-2020
Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

OKOLONA MEDICAL CENTER LLC
6500 PRESTON HIGHWAY
LOUISVILLE KY 40219

Notice Date: November 10, 2020
KY SoS Org. ID: 0576555

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.
3. 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 you.

Agent: Megan REVY099, Taxpayer Services Specialist I
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310
