

Organization ID # 0455856
State of origin KY
Filing fee \$175.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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PRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/9/2016 12:08 PM
Fee Receipt: \$175.00

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 years 2012 through 2016

RST

Exact professional service corporation name and principal office address

KENTUCKY EM-I MEDICAL SERVICES, P.S.C.
400 W MARKET ST STE 1800
LOUISVILLE KY 40202

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Corporation Service Company
421 WEST MAIN STREET
FRANKFORT, KY 40601

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):
FEIN: _____ Name: _____

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	GREGORY J. BYRNE, MD	6363 S. Fiddlers Green Circle
Secretary	Tenna Behm	14th Floor
Treasurer	Ben Johnson	Greenwood Village, Colorado 80111
Asst. Sec.	ROSS RONAN	

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

Gregory J. Byrne, M.D.	6363 S. Fiddlers Green Circle
	14th Floor
	Greenwood Village, Colorado 80111

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

Gregory J. Byrne, M.D.	6363 S. Fiddlers Green Circle
	14th Floor
	Greenwood Village, Colorado 80111

The above entity was administratively dissolved on September 11, 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 271B.14-210. Enclosed is a check in the amount of \$175.00, 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 KENTUCKY EM-I MEDICAL SERVICES, 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.

X		President	12/5/2016
	Signature of officer or chairman of the board (Required)	Title (Required)	Date (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 foregoing is true and correct as of today.

X	
	Signature of president of the professional service corporation (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

December 9, 2016

**KENTUCKY EM-I MEDICAL SERVICES, P.S.C.
C/O LEGAL DEPT
6363 S FIDDLERES GREEN CIRCLE
14TH FLOOR
GREENWOOD VILLAGE, CO. 80111**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KENTUCKY EM-I MEDICAL SERVICES, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 2015, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

John REV3858, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2099
FAX# 502-564-3392

Kentucky Secretary of State organization number 0455856



**COMMONWEALTH OF KENTUCKY
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
275 E MAIN ST, 2-EH
FRANKFORT, KY 40621-0001
(502) 564-2272
<https://kewes.ky.gov>
DES.UIT@KY.GOV

Date: 12/09/2016

KENTUCKY EM-I MEDICAL SERVICES, P.S.C.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

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

Kentucky Secretary of State organization number 0455856