

Organization ID # 0479456
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0479456.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/24/2015 1:37 PM
Fee Receipt: \$115.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 584-3490
<http://www.sos.ky.gov>

Reinstatement Application and Reinstatement Annual Report For the year 2014

RST

Exact limited liability company name and principal office address

KENTUCKY INPATIENT MEDICINE ASSOCIATES, PLLC
5901-C PEACHTREE DUNWOODY RD.
SUITE 350
ATLANTA GA 30328

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/filingsearch or can be

Registered Agent and Registered Office Address

C T CORPORATION SYSTEM
306 W. MAIN STREET
SUITE 512
FRANKFORT, KY 40601

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.

~~PAT MCCOLPIN~~ *Remove*

TALBOT MCCORMICK, III, MD

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 KENTUCKY INPATIENT MEDICINE ASSOCIATES, PLLC 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)

CEO

Title (Required)

10/17/15

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

February 24, 2015

**KENTUCKY INPATIENT MEDICINE ASSOCIATES, PLLC
5901-C PEACHTREE DUNWOODY RD.
SUITE 350
ATLANTA GA 30328**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KENTUCKY INPATIENT MEDICINE ASSOCIATES, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Darrell REVX023, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2127
FAX# 502-564-3392

Kentucky Secretary of State organization number 0479456