

Organization ID # 0528557
State of origin KY
Filing fee \$175.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

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NPRF
Elaine N. Walker, Secretary of State
Received and Filed:
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Fee Receipt: \$175.00

Elaine N. Walker
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 2007 through 2011

RST

Exact organization name and principal office address

COMMUNITY HEALTH CLINIC, INC.
~~202 N. MULBERRY STREET~~ 114 E. Memorial Dr.
ELIZABETHTOWN KY 42701

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

WILLIAM HANDLEY
~~202 N. MULBERRY STREET~~ 114 E. Memorial Dr.
ELIZABETHTOWN, KY 42701

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 WILLIAM R HANDLEY M.D.
Secretary LINDA SIMS
Treasurer DAVE PETERSON

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

SYED QUADRI MD Henry Bunch DMD
WILLIAM SWOPE
Diane Logsdon
JEANNINE SHIPP
LYNN Claycomb

The above entity was administratively dissolved on December 1, 2007 because the entity did not file its annual report for the year 2007. 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 273.3181. 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 COMMUNITY HEALTH CLINIC, 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.

X William R Handley MD Chairman

Signature of officer or chairman of the board (Required)

Title (Required)

3-29-11
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

May 17, 2011

**COMMUNITY HEALTH CLINIC, INC.
202 N. MULBERRY STREET
ELIZABETHTOWN KY 42701**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **COMMUNITY HEALTH CLINIC, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Byron Durham, Revenue Auditor
Division of Corporation Tax
501 High Street, 7th Floor, Sta. 52
Frankfort, KY 40601
502-564-2053
FAX# 502-564-0058

Kentucky Secretary of State organization number 0528557