

Organization ID # 0476059

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0476059.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

11/9/2016 8:31 AM

Fee Receipt: \$115.00

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 year 2016

RST

Exact limited liability company name and principal office address

HOSPITAL INTERNAL MEDICINE ASSOCIATES, PLLC
101 WEST CHESTNUT STREET
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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

NAWEED NASRATY, M.D.
201 ABRAHAM FLEXNOR WAY
STE 1003
LOUISVILLE, KY 40202

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.

NAWEED NASRATY, M.D.

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 HOSPITAL INTERNAL 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. Naweed Nasraty

Signature of member or manager (Required)

Medical Director (owner)

Title (Required)

11/3/16

Date (Required)



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

November 7, 2016

**HOSPITAL INTERNAL MEDICINE ASSOCIATES, PLLC
5001 SPRING FARM ROAD
PROSPECT, KY. 40059**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOSPITAL INTERNAL MEDICINE ASSOCIATES, PLLC** 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 limited liability company. 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 0476059