

Organization ID # 0772360

State of origin KY

Filing fee \$145.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0772360.09

amcray
PRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

3/25/2014 9:23 AM

Fee Receipt: \$145.00

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 2014

RST

Exact professional service corporation name and principal office address

MARION WELLNESS CENTER, P.S.C.
789 CHAPEL HILL ROAD
MARION KY 42064

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

A.D. STARKEY
789 CHAPEL HILL ROAD
MARION, KY 42064

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	A. D. STARKEY	789 CHAPEL HILL ROAD, MARION, KY 42064
Secretary	A. D. STARKEY	789 CHAPEL HILL ROAD, MARION, KY 42064

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.

A.D. STARKEY, MD, DC	789 CHAPEL HILL ROAD, MARION, KY 42064
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Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

A.D. STARKEY, MD, DC	789 CHAPEL HILL ROAD, MARION, KY 42064
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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 \$145.00, 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 MARION WELLNESS CENTER, 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 *A.D. Starkey*

PRESIDENT

3.19.14

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

A.D. STARKEY, MD, DC

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.

X *A.D. Starkey*

Signature of president of the professional service corporation (Required)

A.D. STARKEY, MD, DC



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

March 25, 2014

**MARION WELLNESS CENTER, P.S.C.
789 CHAPEL HILL ROAD
MARION KY 42064**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MARION WELLNESS CENTER, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Danielle Harris, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-2104
FAX# 502-564-0058

Kentucky Secretary of State organization number 0772360



**EDUCATION and WORKFORCE DEVELOPMENT CABINET
OFFICE OF EMPLOYMENT AND TRAINING**

Steven L. Beshear
Governor

Tax Enforcement Branch
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone (502) 564-2272
Fax (502) 564-5442
www.oet.ky.gov

Thomas O. Zawacki
Secretary

Buddy Hoskinson
Executive Director

Date: 03/24/2014

MARION WELLNESS CENTER, 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,

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

Kentucky Secretary of State organization number 0772360