

Organization ID # 0461764

State of origin KY

Filing fee \$115

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0461764

Michael G. Adams

KY Secretary of State

Received and Filed

10/24/2022 2:40:05 PM

Fee receipt: \$115.00

PRPF

Michael G. Adams  
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 2022**

**RST**

**Exact professional service corporation name and principal office address**

**DIX RIVER FAMILY MEDICINE AND WOMEN'S HEALTHCARE  
CENTER, P.S.C.  
100 JAY STREET  
STANFORD KY 40484**

**Registered Agent and Registered Office Address**

**JAMES A MILLER MD  
100 JAY STREET  
STANFORD, KY 40484**

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 will be filed.

**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 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

President	JAMES A. MILLER	100 JAY STREET, STANFORD, KY 40484
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Vice President	CHRISTOPHER SIMS, M.D.	100 JAY STREET, STANFORD, KY 40484
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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

JAMES A. MILLER	100 JAY STREET, STANFORD, KY 40484
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CHRISTOPHER SIMS, M.D.	100 JAY STREET, STANFORD, KY 40484
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The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to DIX RIVER FAMILY MEDICINE AND WOMEN'S HEALTHCARE CENTER, P.S.C. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **James A. Miller, M.D.** Title: **President** 10/24/2022

**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 forgoing Is true And correct as of today.



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

Notice Date: October 24, 2022  
KY SoS Org. ID: 0461764

**RE:** *Letter of Good Standing Request - Approved*

**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

**OUR DETERMINATION** We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

**WHAT YOU NEED TO DO**

1. **If you are attempting to reinstate your entity**, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
2. **If you are a for-profit corporation**, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
3. **If you are a non-profit entity**, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: <http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx>.

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**CONTACT  
INFORMATION**

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Bruce REV3968, Taxpayer Services Specialist II  
Direct: 502-564-2038



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**DIVISION OF CORPORATION TAX**  
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Direct: 502-564-2038



**COMMONWEALTH OF KENTUCKY  
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
P.O. Box 948  
FRANKFORT, KY 40602-0948  
(502) 564-2272  
<https://kewes.ky.gov>  
UITax@KY.GOV

Date: 10/24/2022

DIX RIVER FAMILY MEDICINE AND WOMEN'S HEALTHCARE CENTER, P.S.C.

Dear Sir/Madam:

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

The Office 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,

Samantha Tabor  
unknown

Kentucky Secretary of State organization number 0461764



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OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
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Samantha Tabor  
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