

Organization ID # 0509164  
State of origin KY  
Filing fee \$115.00

**Commonwealth of Kentucky**  
**Trey Grayson, Secretary of State**

0509164.06 dcornish  
LRPF  
Trey Grayson, Secretary of State  
Received and Filed:  
12/17/2010 11:50 AM  
Fee Receipt: \$115.00

Trey Grayson  
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 2010**

**RST**

**Exact limited liability company name and principal office address**

**BLUEGRASS NEUROLOGY, PLLC**  
**1169 EASTERN PARKWAY**  
**SUITE 1226**  
**LOUISVILLE KY 40217**

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

**RUKMAIAH BHUPALAM, M.D.**  
**1169 EASTERN PARKWAY**  
**LOUISVILLE, KY 40217**

**Managers** - List the name and address of the limited liability company's managers. The annual report will be returned if business addresses are not listed.

**RUKMAIAH C BHUPALAM, M.D.**

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 BLUEGRASS NEUROLOGY, 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]*  
Signature of member or manager (Required)

*[Signature]*  
Title (Required)

12/19/2010  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**DON RICHARDSON**  
Executive Director

December 17, 2010

**BLUEGRASS NEUROLOGY, PLLC  
1169 EASTERN PARKWAY  
SUITE 1226  
LOUISVILLE KY 40217**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BLUEGRASS NEUROLOGY, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Frankie Eden, Revenue Auditor I  
Division of Corporation Tax  
501 High Street, 6th Floor, Sta. 69  
Frankfort, KY 40601  
502-564-7394  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0509164