Organization ID # 0887165 Commonwealth of Kentucky State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0887165.09

dwilliams **NPRF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 11/30/2018 11:12 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 2018

RST

Exact organization name and principal office address DARBY MEDICAL CENTRE COUNCIL OF CO-OWNERS, INC. **101 DARBY DRIVE SUITE 100 GEORGETOWN KY 40324**

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 DR. J. GREGORY WHITE

3140 BEAUMONT CENTRE CIRCLE SUITE 200

If the above company is included in a parent company's Kentucky tax return as a disregarde company's information here (optional):

LEXINGTON, KY 40513 FEIN: Name:

President	JAMES GREGORY WHITE				
			·		
Directors - Non-profit corpor office address.	ations must have at least three	(3) directors. All directors of	he non-profit must be l	isted. If not specified, director addresses	default to the principal
office address.	 	(3) directors. All directors of	he non-profit must be li	isted. If not specified, director addresses	default to the principal
office address. JAMES GREGORY WH	IITE	(3) directors. All directors of	he non-profit must be li	isted. If not specified, director addresses	default to the principal
office address. JAMES GREGORY WH MICHAEL BRENT MAG	IITE GARD	(3) directors. All directors of	he non-profit must be li	isted. If not specified, director addresses	default to the principal
office address. JAMES GREGORY WH MICHAEL BRENT MAG	IITE GARD	(3) directors. All directors of	he non-profit must be li	isted. If not specified, director addresses	default to the principal
Directors - Non-profit corpor office address. JAMES GREGORY WHICHAEL BRENT MAGROBERT HENDERSON	IITE GARD	(3) directors. All directors of	he non-profit must be li	isted. If not specified, director addresses	default to the principal

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 \$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 DARBY MEDICAL CENTRE COUNCIL OF CO-OWNERS, 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 las of with	President	11/20/18
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

DARBY MEDICAL CENTRE COUNCIL OF CO-OWNERS, INC. 101 DARBY DRIVE **SUITE 100 GEORGETOWN KY 40324**

Notice Date: November 30, 2018

KY SoS Org. ID: 0887165

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.

CONTACT INFORMATION

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

Agent: Nicole REVX129, Taxpayer Services Specialist II

Email: Nicole.McTiernan@ky.gov

Direct: 502-564-2062