

Organization ID # 0278969  
State of origin KY

Filing fee \$220.00 Alison Lundergan Grimes, Secretary of State

0278969.09

amcray  
PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
12/27/2017 2:42 PM  
Fee Receipt: \$220.00

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 2010 through 2017

**RST**

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

DONALD E. SHACKLEFORD, M.D., P.S.C.  
KINGSWOOD DR  
CAMPBELLSVILLE KY 42718

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

**Registered Agent and Registered Office Address**

DONALD E. SHACKLEFORD, M.D.  
8405 ST GEORGE LN  
LOUISVILLE, KY 40220

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

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**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

**Sole Officer** DONALD SHACKLEFORD

**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.

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

DONALD SHACKLEFORD

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 271B.14-210. Enclosed is a check in the amount of \$220.00, 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 DONALD E. SHACKLEFORD, M.D., 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 Donald E Shackleford  
Signature of officer or chairman of the board (Required)

MD PRESIDENT  
Title (Required)

12/22/17  
Date (Required)

**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 foregoing is true and correct as of today.

X Donald E Shackleford  
Signature of president of the professional service corporation (Required)

Organization ID # 0278969  
State of origin KY  
Filing fee \$220.00



Please indicate the county in which your business operates:

County:

Jefferson

To complete the following, please shade the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business's ownership:

☐ Women-Owned

☐ Veteran-Owned

☐ Minority-Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Wholesale Trade

☐ Mining

☐ Retail Trade

☐ Construction

☐ Finance, Insurance, Real Estate

☐ Manufacturing

☒ Services

☐ Transportation, Communications, Electric, Gas,

☐ Public Administration

☐ Other



**DANIEL P. BORK**  
Commissioner

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

December 27, 2017

**DONALD E. SHACKLEFORD, M.D., P.S.C.**  
**KINGSWOOD DR**  
**CAMPBELLSVILLE KY 42718**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DONALD E. SHACKLEFORD, M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Stephanie REVX219, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
Phone# (502) 564-2028  
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0278969



**COMMONWEALTH OF KENTUCKY  
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
275 E MAIN ST, 2-EH  
FRANKFORT, KY 40621-0001  
(502) 564-2272  
<https://kewes.ky.gov>  
DES.UIT@KY.GOV

Date: 12/27/2017

DONALD E. SHACKLEFORD, M.D., 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 0278969