

Organization ID # 0549276

State of origin KY

Filing fee \$190.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0549276.06

mstratton

LRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

10/31/2016 3:53 PM

Fee Receipt: \$190.00

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 2011 through 2016

RST

Exact limited liability company name and principal office address

HEALTHCARE PATHWAYS, LLC

THE BROWN SUITE 400

323 WEST BROADWAY

LOUISVILLE KY 40202

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

GARY R. WEITKAMP

500 W. JEFFERSON STREET

SUITE 2400

LOUISVILLE, KY 40202

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

JOHN ROBERT CURTIN

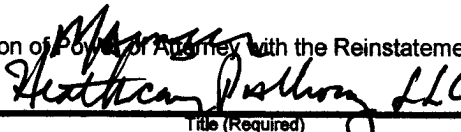
The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$190.00, 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 HEALTHCARE PATHWAYS, LLC 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 of member or manager (Required)



Title (Required)

Date (Required)



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

October 31, 2016

**HEALTHCARE PATHWAYS, LLC
THE BROWN SUITE 400
323 WEST BROADWAY
LOUISVILLE KY 40202**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HEALTHCARE PATHWAYS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Melissa REV3879, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-2059
FAX# 502-564-0058

Kentucky Secretary of State organization number 0549276