

Organization ID # 0645176

State of origin KY

Filing fee \$115

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0645176

Michael G. Adams

KY Secretary of State

Received and Filed

11/4/2024 10:23:21 AM

Fee receipt: \$115.00

LRPF

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 2024

RST

Exact limited liability company name and principal office address

RIVERBEND PHYSICAL MEDICINE & REHABILITATION, PLLC
1102 TRIPLETT STREET
SUITE 2100
OWENSBORO KY 42303

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.

Registered Agent and Registered Office Address

TRISTAN C. BRIONES, II
1102 TRIPLETT STREET
SUITE 2100
OWENSBORO, KY 42303

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

TRISTAN C BRIONES II **1102 TRIPLETT STREET, #2100 OWENSBORO, KY 42303**

County:	Daviess
Business size:	Small
Business type:	Health Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 RIVERBEND PHYSICAL MEDICINE & REHABILITATION, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Tristan C. Briones II MD** Title: **Physician Owner** 11/4/2024



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

Website: www.revenue.ky.gov

**RIVERBEND PHYSICAL MEDICINE &
REHABILITATION, PLLC**
1102 TRIPLETT STREET SUITE 2100
OWENSBORO KY, 42303

Notice Date: November 4, 2024
KY SoS Org. ID: 0645176

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>.

**AGENT
INFORMATION**

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

Agent: Louis REV4836, Taxpayer Services Specialist I
Email: louis.szemethy@ky.gov



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OWENSBORO KY, 42303

Notice Date: November 4, 2024
KY SoS Org. ID: 0645176

Direct: 502-564-2057
