Organization ID # 05459 State of origin KY Filing fee \$115.00	⁸² Commonwealth of Kei Michael G. Adams, Secreta	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490 http://www.sos.ky.gov	For the year 202	cation and Filed: 11/8/2021 11:35 AM Fee Receipt: \$115.00 Ial Report
Exact professional service BLUEGRASS REG 1105 WEST 5TH ST STE #3 LONDON KY 40741	corporation name and principal office address IONAL FOOT AND ANKLE ASSOCIATES, PSC TREET	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 <u>https:/web.sos.ky.gov/ifsearch</u> or can be downloaded from our website.
company's information here (op FEIN: Name:	SON 192 4 d in a parent company's Kentucky tax return as a disregard tional):	
specified, officer addresses default to t	he principal office address. Corporations are required to list a Secretary ANIEL CHRISTOPHER	
	AUL KARL KRESTIK	
Directors - List the name And and director addresses default to the princi	ddress of all directors (if applicable). No listing of directors is verification pal office address.	that the corporation has dispensed with directors. If Not specified,
Shareholders - List the name a DANIEL CHRISTOPHER A PAUL KARL KRESTIK	and address of the corporation's shareholders. If not specified, shareholders.	older addresses default to the principal office address.
The undersigned states that requirements of KRS 271B.1 Under penalty of perjury, the	4-210. Enclosed is a check in the amount of \$115.00 below signed hereby authorizes the Kentucky Depar JEGRASS REGIONAL FOOT AND ANKLE ASSOCIA	e been eliminated, and the entity's name satisfies the , payable to Kentucky State Treasurer. tment of Revenue to release any applicable tax

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

0 (Required) Title (Required) ure of officer or chairman of the board (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 forgoing is true And correct as of today.



	BLUEGRASS REGIO ASSOCIATES, PSC 1105 WEST 5TH STH STE #3 LONDON KY 40741		AL FOOT AND ANKLE	Notice Date: KY SoS Org. ID:	November 8, 2021 0545982	
RE:		Letter of Good Standing Request - Approved				
SUMN	MARY	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.				
		2. 3. 4.	You are registered with the Departm An authorized person requested this You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree s notice will remain current for 30 day	letter. s as required, or you ments with the Division ment in place.	sion of	
WHA	F YOU NEED TO DO	1. 2. 3.	If you are attempting to reinstate of this letter to the Kentucky Secretanotice date above. If you are a for-profit corporation Secretary of State a letter of good st Unemployment Insurance. Their tele If you are a non-profit entity, pleatax returns with the Kentucky Attorn requirements website is: http://ag.ky charity/Pages/registration.aspx.	ary of State within 3 , you will also need tanding from the Div phone number is 50 se remember to file ley General. The cha	0 days of the to provide the ision of 02-564-6835. a copy of your arity filing	
CONT INFO	FACT RMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Cory REV4079, Revenue Auditor I Email: Cory.Johnson@ky.gov Direct: (502) 564-7370				



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 11/08/2021

BLUEGRASS REGIONAL FOOT AND ANKLE ASSOCIATES, PSC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0545982

