

Organization ID # 0645683

State of origin KY

Filing fee

\$130.00 Elaine N. Walker, Secretary of State

Commonwealth of Kentucky

0645683.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/6/2012 10:28 AM
Fee Receipt: \$130.00

RST

Elaine N. Walker
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 2011

Exact limited liability company name and principal office address

VASCULAR DISEASE TREATMENT CENTER, LLC
901 KENTON STATION DRIVE
MAYSVILLE KY 41056

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/fisearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ROY FAUL
901 KENTON STATION DRIVE
MAYSVILLE, KY 41056

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.

RAGHU SRINIVASAN

492 Glen Circle, Maypsville, KY 41056

MATTHEW K SHOTWELL

810 Lafayette Drive, Maypsville, KY 41056

ERIC R LOHMAN

4025 Spaulight Blvd, Maypsville, KY 41056

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 275.295. Enclosed is a check in the amount of \$130.00, 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 VASCULAR DISEASE TREATMENT CENTER, 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)

Member

Title (Required)

12/27/11

Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

January 6, 2012

**VASCULAR DISEASE TREATMENT CENTER, LLC
ONE W. MCDONALD PKWY
STE 3B
MAYSVILLE KY 41056**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **VASCULAR DISEASE TREATMENT CENTER, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Frankie Eden, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7394
FAX# 502-564-3392

Kentucky Secretary of State organization number 0645683