Organization ID # 0407884 State of origin KY Filing fee \$115.00 Mi	Commonwealth of Kei chael G. Adams, Secreta	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applie Reinstatement Annu For the year 202	cation and Fied: 12/17/2021 7:43 AM Fee Receipt: \$115.00
Exact limited liability company nam LOUISVILLE GASTROENTE MEDICAL ARTS BLDG. 1169 EASTERN PARKWAY SUITE G-58 LOUISVILLE KY 40217	e and principal office address ROLOGY ASSOCIATES, PLLC	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:</u> <u>\web.sos.ky.gov\ftsearch</u> or can be downloaded from our website.
Registered Agent and Registered C MARK BRONNER, M.D. MEDICAL ARTS BLDG. 1169 EASTERN PARKWAY SUITE G-58 LOUISVILLE, KY 40217	<u>Office Address</u>	
If the above company is included in a par company's information here (optional): FEIN: Name:	ent company's Kentucky tax return as a disregard	ded entity or a subsidiary, please provide the parent
Managers - List the name And address	of the limited liability company's managers. If not specifi	ied, addresses default to the LLC's principal office address.
ALAN J COX		

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$115.00, payable to Kentucky State Treasurer.

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Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LOUISVILLE GASTROENTEROLOGY ASSOCIATES, PLLC 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.

JOHN C HORLANDER

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X	122El bean	PAULE, BROWN MENBER	12/14/21		
	Signature of member Or manager (Required)	Title (Required)	Date (Required)		



LOUISVILLE GAST PLLC MEDICAL ARTS BI 1169 EASTERN PAR SUITE G-58 LOUISVILLE KY 40	RKWAY		Notice Date: KY SoS Org. ID:	December 16, 2021 0407884		
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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	of this le notice d 2. If you a Secreta Unemple 3. If you a tax retur requirem	The attempting to reinstate better to the Kentucky Secreta late above. The a for-profit corporation , ry of State a letter of good sta oyment Insurance. Their telep tre a non-profit entity , pleas rms with the Kentucky Attorne nents website is: http://ag.ky Pages/registration.aspx.	you will also need anding from the Divi bhone number is 50 se remember to file ey General. The cha	0 days of the to provide the sion of 2-564-6835. a copy of your arity filing		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289					