

Organization ID # 0737384
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Trey Grayson, Secretary of State

0737384.06

bschell
LRPF

Trey Grayson, Secretary of State
Received and Filed:
1/5/2011 8:49 AM
Fee Receipt: \$115.00

Trey Grayson
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 2010

RST

Exact limited liability company name and principal office address

KENTUCKIANA HEALTHCARE SOLUTIONS LLC
201 ABRAHAM FLEXNER WAY
SUITE 1200
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

Lisa A Motley
201 Abraham Flexner Way
Suite 1200
Louisville, KY 40202


Members - List the name and address of the limited liability company's members. The annual report will be returned if business addresses are not listed.

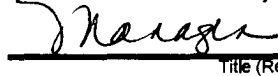
Mark S. Slaughter	1719 Casselberry, Lou Ky 40855
Brian L. Gantzel	2513 Poplar Crest Rd. Lou Ky 40207
Erk H. Austin, III	6214 Glen Hill Rd. Lou Ky 40222

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 \$115.00, 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 Kentuckiana HealthCare Solutions 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.


Signature of member or manager (Required)


Title (Required)

11-17-10
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

DON RICHARDSON
Executive Director

January 5, 2011

Kentuckiana HealthCare Solutions LLC
201 Abraham Flexner Way
Suite 1200
Louisville KY 40202

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Kentuckiana HealthCare Solutions LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Dustin Rose, Revenue Auditor I
Division of Corporation Tax
501 High Street, 6th Floor, Sta. 69
Frankfort, KY 40601
502-564-2099
FAX# 502-564-3392

Kentucky Secretary of State organization number 0737384