Organization ID # 0545389 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

Kentucky Secretary of State

Michael G. Adams

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 Fee Receipt: \$130.00 Reinstatement Annual Report For the years 2021 through 2022

Received and Filed: 8/2/2022 10:20 AM

Exact limited liability company name and principal office address

MEDICAL EVALUATION CENTERS. LLC **4010 DUPONT CIRCLE SUITE 517 LOUISVILLE KY 40207**

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 https: \web.sos.ky.gov\ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

BART J GOLDMAN 1230 S. HURSTBOURNE PKWY. SUITE 101 LOUISVILLE, KY 40222

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional): FEIN: Name:

Managers - List the name And address of the limited I	liability company's managers. If not specified, addresses default to the LLC's principal office address.
BART JOHN GOLDMAN	
9462 BROWNSBORD RO	
#391	
LOUISVILLE, KY 40241	

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 \$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 MEDICAL EVALUATION CENTERS, 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 Bort A Oblaman MD	MANACER PRESIDENT	7/27/2022
Signature of member Or manager (Required)	Title (Required)	Date (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

MEDICAL EVALUATION CENTERS, LLC 9462 BROWNSBORO ROAD # 391 **LOUISVILLE KY 40207**

Notice Date: August 1, 2022

KY SoS Org. ID: 0545389

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.

CONTACT INFORMATION

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

Agent: James REVE277, Taxpayer Services Specialist II

Email: James.Sutherland@ky.gov

Direct: 502-564-7359