

Organization ID # 0724689

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0724689.06

mstratton
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/28/2013 1:58 PM
Fee Receipt: \$130.00

Alison Lundergan Grimes
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 2012 through 2013

RST

Exact limited liability company name and principal office address

HOSPITALIST ASSOCIATE TEAM, LLC
PO BOX 22787
LOUISVILLE KY 40252-0787

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

SAMIR MAYEL
11000 CRAIGS CREEK PL
LOUISVILLE, KY 40241

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.

SAMIR MAYEL

MOHAMAD ADDAS

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 HOSPITALIST ASSOCIATE TEAM, 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)

8-8-13

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

October 28, 2013

**HOSPITALIST ASSOCIATE TEAM, LLC
PO BOX 22787
LOUISVILLE KY 40252-0787**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOSPITALIST ASSOCIATE TEAM, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Brandon Keenon, Revenue Auditor I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7337
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0724689