

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of

0797689.06

amcray
RST

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/2/2015 12:47 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>

Certificate of Existence

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PROVIDER HEALTHLINK OF KENTUCKY LLC

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The Secretary of State hereby cancels the certificate of dissolution issued on September 30, 2014. The effective date of reinstatement is February 2, 2015.

I further certify that PROVIDER HEALTHLINK OF KENTUCKY LLC is a limited liability company duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of organization is August 9, 2011, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 2nd day of February, 2015.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
0797689



Alison Lundergan Grimes
Secretary Of State
Filings Division
P.O. Box 718
Frankfort, KY 40602-0718

0797689
IMPORTANT NOTICE

NOTICE

Keep this copy for your records

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at

www.sos.ky.gov. If you would like to request copies of the document from our office, please download the Records Request Form at **www.sos.ky.gov** and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

PROVIDER HEALTHLINK OF KENTUCKY LLC
9300 SHELBYVILLE RD
SUITE 506
LOUISVILLE KY 40222