

State of origin KY

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

0797689.06

amcray  
LRPF

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 2014 through 2015

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
2/2/2015 12:47 PM  
Fee Receipt: \$130.00

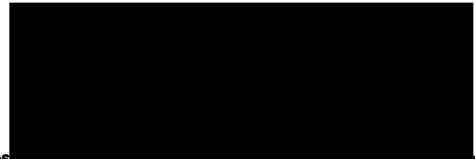
**Exact limited liability company name and principal office address**

PROVIDER HEALTHLINK OF KENTUCKY LLC  
SUIET 210 EAGLE VIEW LANE  
LEXINGTON KY 40509

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

PAUL CAUDILL  
9300 SHELBYVILLE ROAD, SUITE 506  
LOUISVILLE, KY 40222



**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.

PAUL CAUDILL 9300 Shelbyville Rd., Suite 506  
Louisville, Ky 40222

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 PROVIDER HEALTHLINK OF KENTUCKY 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 Paul Caudill Member 01-28-2015  
Signature of member or manager (Required) Title (Required) 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

February 2, 2015

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

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PROVIDER HEALTHLINK OF KENTUCKY LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Theresa REV0868, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7288  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0797689