

Organization ID # 0797689

State of origin KY

Filing fee \$220

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0797689

Michael G. Adams

KY Secretary of State

Received and Filed

2/9/2023 11:15:00 AM

Fee receipt: \$220.00

LRPF

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  
Reinstatement Annual Report**  
**For the years 2016 through 2023**

**RST**

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

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

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 will be filed.

**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** **3288 EAGLE VIEW, SUITE 210 LEXINGTON, KY 40509**

The above entity was administratively dissolved on 10/1/2016 because the entity did not file its annual report for the year 2016. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

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 14A.7-030.

Signature of Authorized Representative: **Paul Caudill** Title: **Partner** 2/9/2023



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

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

Notice Date: February 9, 2023  
KY SoS Org. ID: 0797689

**RE:** *Letter of Good Standing Request - Approved*

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**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: Madison REV4528, Revenue Auditor I  
Email: [madison.chism@ky.gov](mailto:madison.chism@ky.gov)  
Direct: 502-564-3047