Organization ID #
State of origin
Filing fee

0115990 KY \$115.00

Commonwealth of Kentucky Trey Grayson, Secretary of State

0115990.09

bschell PRPF

Trey Grayson, Secretary of State

Received and Filed: 11/22/2010 8:51 AM Fee Receipt: \$115.00

Trey Grayson 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 year 2010

RST

Date (Required)

Exact organization name and principal office address

J. THOMAS GIANNINI, M. D. 220 W. 18TH. ST. HOPKINSVILLE KY 42240 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.kv.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

J. THOMAS GIANNINI, M. D. 1611 SOUTH MAIN ST. HOPKINSVILLE, KY 42240

Signature of officer or chairman of the board (Required)



President	J. THOMAS GIANNINI. M.D.	PRESIDENT
Directors - List the	name and address of all directors (if applicable).No listing of	directors is verification that the corporation has dispensed with directors.
2010. The undersi	aned states that the grounds for dissolution eit	2010 because the entity did not file its annual report for the year her did not exist or have been eliminated, and the entity's name leck in the amount of \$115.00, payable to Kentucky State Treasurer.
Under penalty of pinformation pertain 271B.14-220.	perjury, the below signed hereby authorizes the ning to J. THOMAS GIANNINI, M. D. to the Sec	Kentucky Department of Revenue to release any applicable tax cretary of State, as required for reinstatement pursuant to KRS
If not an officer of	saidyentity, please provide a Declaration of Po	wer of Attorney with the Reinstatement Application.

Title (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 11/19/2010

J. THOMAS GIANNINI, M. D.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

Tara Welch
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0115990





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

November 19, 2010

J. THOMAS GIANNINI, M. D. 220 W. 18TH. ST. HOPKINSVILLE KY 42240

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **J. THOMAS GIANNINI, M. D.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

James Sutherland, Revenue Program Officer Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0115990

