n	2	4	7	4	9	N	1	n	9	

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/5/2012 2:50 PM Fee Receipt: \$115.00

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,

### JERALD M. FORD, M.D., P.S.C.

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 effective date of reinstatement is October 5, 2012.

I further certify that JERALD M. FORD, M.D., P.S.C. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is August 23, 1988, 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 5<sup>th</sup> day of October, 2012.



tergan Crimes

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 0247490

mstratton RST



Alison Lundergan Grimes Secretary Of State Filings Division P.O. Box 718 Frankfort, KY 40602-0718 0247490 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 <u>www.sos.ky.gov/online.htm</u>. If you would like to request copies of the document from our office, please download the Records Request Form at <u>www.sos.ky.gov/business/records</u> and submit to our Records department.

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

JERALD M. FORD, M.D., P.S.C. P.O. BOX 2527 617 23RD ST. MEDICAL PLAZA A, STE. 415 ASHLAND KY 41101