

Organization ID # 0247490

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

0247490.09 mstratton PRPF

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

## Reinstatement Application and Reinstatement Annual Report For the year 2012

KRSI

**Exact professional service corporation name and principal office address**

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

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**

JERALD M. FORD, M.D.  
 617 23RD STREET BUILDING A SUITE 415  
 ASHLAND, KY 41101



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

**Sole Officer** JERALD M. FORD, MD

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

JERALD M. FORD, MD

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

JERALD FORD  
JUDITH M FORD

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 271B.14-210. Enclosed is a check in the amount of \$115.00, 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 JERALD M. FORD, M.D., P.S.C. 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 [Signature] \_\_\_\_\_ [Signature] \_\_\_\_\_ 10/2/12  
 Signature of officer or chairman of the board (Required) Title (Required) Date (Required)

**Certificate of Professional Service Corporation**

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

X [Signature]  
 Signature of president of the professional service corporation (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](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 10/05/2012

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

Dear Sir/Madam:

**KRS 14A.7-030(1)(f) CERTIFICATE**

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

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

Kentucky Secretary of State organization number 0247490



**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

October 5, 2012

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

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JERALD M. FORD, M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Charles Williams, Revenue Auditor III  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-7387  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0247490