

Organization ID # 0723728
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Trey Grayson, Secretary of State

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Trey Grayson, Secretary of State
Received and Filed:
11/8/2010 1:20 PM
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

Exact professional service corporation name and principal office address

OHIO VALLEY PAIN MEDICINE, PSC
P.O. BOX 909
ASHLAND KY 41105-0909

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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

JOSEPH M. DELAPA, II, M.D.
1101 ST. CHRISTOPHER DRIVE, SUITE 350
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.

President	Joseph M. DeLapa, II	1101 St. Christopher Dr., Suite 350, Ashland KY 41101 - President/CEO
Vice-President	-	-
Secretary	-	-
Treasurer	-	-

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors.

Joseph M. DeLapa, II	1101 St. Christopher Dr. Suite 350, Ashland KY 41101
-	-
-	-
-	-

Shareholders - List the name and address of the corporation's shareholders.

Joseph M. DeLapa, II	1101 St. Christopher Dr. Suite 350, Ashland KY 41101
-	-
-	-

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 OHIO VALLEY PAIN MEDICINE, PSC 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] President/CEO 11/4/10
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

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 11/08/2010

OHIO VALLEY PAIN MEDICINE, PSC

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,

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

Kentucky Secretary of State organization number 0723728



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

DON RICHARDSON
Executive Director

November 8, 2010

**OHIO VALLEY PAIN MEDICINE, PSC
P.O. BOX 909
ASHLAND KY 41105-0909**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OHIO VALLEY PAIN MEDICINE, PSC** 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Frankie Eden, Revenue Auditor I
Division of Corporation Tax
501 High Street, 6th Floor, Sta. 69
Frankfort, KY 40601
502-564-7394
FAX# 502-564-3392

Kentucky Secretary of State organization number 0723728