Organization ID# 0403852 State of origin

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

0403852.09

amcray PRPF

**Alison Lundergan Grimes** Kentucky Secretary of State Received and Filed:

1/8/2016 3:14 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 2015

RST

Exact professional service corporation name and principal office address MEDICAL SPECIALISTS OF CENTRAL KENTUCKY, P.S.C. 1326 ANDREA STREET SUITE 100 **BOWLING GREEN KY 42104** 

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.aps.ity.gov/fisearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

**KEVIN C. BROOKS** 1010 COLLEGE ST. **BOWLING GREEN, KY 42101** 



Sole Officer	REDECCA D SHADOWEN		1326 ANDREA ST SUIT	E 100, BG, KY 42104
Directors - List the name and director addresses default to the pr		plicable).No listing of	directors is varification that the corporation h	nas dispensed with directors. If not specified
REBECCA D SHAI	DOWEN	1326 ANDR	EA ST, SUITE 100, BG, K	Y 42104
Shareholders - List the na			If not specified, shareholder addresses defau EEA ST, SUITE 100, BG, K	
2015. The undersigned st	ates that the grounds f	or dissolution a	2, 2015 because the entity did no ther did not exist or have been eli heck in the amount of \$115.00, pa	minated, and the entity's name
Under penalty of perjury, the information pertaining to the reinstatement pursuant to	MEDICAL SPECIALIST	y authorizes the S OF CENTRA	B Kentucky Department of Revenu L KENTUCKY, P.S.C. to the Secre	e to release any applicable tax etary of State, as required for
If not an officer of said ent	lity/please provide a D	eclaration of Po	wer of Attorney with the Reinstate	
X Kilveral	Shadowe le	)	PRESIDENT	11/13/15
Signature of officer or chair	man of the board (Required)	<del></del>	Title (Required)	Date (Require

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.
I hereby copy that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

adrica nature of president of the professional service corporation (Required)



DANIEL P. BORK
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

January 8, 2016

MEDICAL SPECIALISTS OF CENTRAL KENTUCKY, P.S.C. 1326 ANDREA STREET SUITE 100 BOWLING GREEN KY 42104

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MEDICAL SPECIALISTS OF CENTRAL KENTUCKY**, **P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0403852





## **COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 01/08/2016

MEDICAL SPECIALISTS OF CENTRAL KENTUCKY, 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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0403852

