Organization ID # 0555467 State of origin Filing fee

KY \$145.00

Commonwealth of Kentucky Trey Grayson, Secretary of State

0555467.09

bschell PRPF

Trey Grayson, Secretary of State

Received and Filed: 1/12/2011 11:52 AM Fee Receipt: \$145.00

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 years 2008 through 2010

RST

Exact organization name and principal office address SANTOS MEDICAL SERVICES, INC. 325 CAMPBELL HILL ROAD **CAMPTON KY 41301**

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

EDWIN M SANTOS 325 CAMPBELL HILL ROAD CAMPTON, KY 41301



Principal Officers	s - List the name, address and title of	f all current officers. All organizations must list at least one (1) offic	er, even in the case of a sole officer.
President	EDWIN SANTOS		
Secretary	EDWIN SANTOS		
Directors - List the r	name and address of all directors (if ap	plicable). No listing of directors is verification that the corporation h	as dispensed with directors.
EDWIN SANTOS			
2008. The undersig	ned states that the grounds for	on November 1, 2008 because the entity did not for or dissolution either did not exist or have been elin Enclosed is a check in the amount of \$145.00, pa	ninated, and the entity's name
Under penalty of pe information pertainil 271B.14-220.	rjury, the below signed hereb ng to SANTOS MEDICAL SEF	y authorizes the Kentucky Department of Revenu RVICES, INC. to the Secretary of State, as require	e to release any applicable tax ed for reinstatement pursuant to KRS
If not an officer of s	aid entity, please provide a De	eclaration of Power of Attorney with the Reinstate	ment Application.
X MY	pto	PRESIDENT	12/18/2010
Signature of officer	or chairman of the board (Required)	Title (Required)	Date (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

January 12, 2011

SANTOS MEDICAL SERVICES, INC. 325 CAMPBELL HILL ROAD CAMPTON KY 41301

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SANTOS MEDICAL SERVICES, INC.** 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,

Marcia Oakman, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7315 FAX# 502-564-0058

Kentucky Secretary of State organization number 0555467





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: 01/12/2011

SANTOS MEDICAL SERVICES, INC.

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,

Molly Albrecht Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0555467

