

Organization ID # 0629478  
State of origin KY  
Filing fee \$130.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

0629478.09 amcray  
NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
4/28/2014 11:43 AM  
Fee Receipt: \$130.00

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 years 2013 through 2014

### RST

**Exact organization name and principal office address**

**KENTUCKY PSYCHIATRIC MEDICAL SOCIETY FOUNDATION, INC.  
649 CHARITY COURT  
#13  
FRANKFORT KY 40601**

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

BONNIE L. COOK  
649 CHARITY COURT  
#13  
FRANKFORT, KY 40601



**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

President	TODD CHEEVER, MD	_____
Secretary	BONNIE COOK	_____
Vice President	BARBARA FITZGERALD, MD	_____

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

TODD CHEEVER, MD	_____	_____
BARBARA FITZGERALD, MD	_____	_____
REBECCA TAMAS, MD	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 273.3181. Enclosed is a check in the amount of \$130.00, 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 KENTUCKY PSYCHIATRIC MEDICAL SOCIETY FOUNDATION, INC. 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.

<b>X</b> <u>Bonnie L. Cook</u>	<u>Secretary</u>	<u>4-24-14</u>
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

April 28, 2014

**KENTUCKY PSYCHIATRIC MEDICAL SOCIETY FOUNDATION, INC.  
649 CHARITY COURT  
#13  
FRANKFORT KY 40601**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKY PSYCHIATRIC MEDICAL SOCIETY FOUNDATION, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Kim Carter, Taxpayer Services Specialist II  
Pass Through Entity Tax Branch  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-7344  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0629478