

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500004911

**Entity Name:** IES MEDPLUS OF KENTUCKY, LLC

**Current Principal Place of Business:**

136 N. HURON STREET  
3RD FLOOR  
TOLEDO, OH 43604-1139

**Current Mailing Address:**

136 N. HURON STREET  
3RD FLOOR  
TOLEDO, OH 43604-1139 US

**FEI Number:** 32-0388322

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                  |                 |                                  |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title           | MGR                              | Title           | MANAGER                          |
| Name            | KOHN, WADE                       | Name            | HASKINS, GARY                    |
| Address         | 136 N. HURON STREET<br>2ND FLOOR | Address         | 136 N. HURON STREET<br>3RD FLOOR |
| City-State-Zip: | TOLEDO OH 43604-1139             | City-State-Zip: | TOLEDO OH 43604-1139             |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY HASKINS

**TREASURER**

**04/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date