

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/14/2023 12:44 PM Fee Receipt: \$50.00

**Division of Business Filings KPS Articles of Incorporation** P.O. Box 718 **Professional Service Corporation** Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to KRS 14A, KRS 271B and KRS 274, the undersigned applies to qualify and for that purpose submits the following statements: Article I: The name of the corporation is Eureka Anesthesia PSC Article II: The number of shares the corporation is authorized to issue is  $\underline{100}$ Article III: The name and street address of the corporation's initial registered agent and office in Kentucky is 40160 KY Radcliff Richard Shufelt 550 W Lincoln Trail Blvd Zip Code Street Address (No Post Office Box Numbers) City State Name Article IV: The mailing address of the corporation's principal office is Shepherdsville KY 40165 384 Cedar Grove Rd Zip Code State City Street Address or Post Office Box Number Article V: The profession to be practiced through the professional service corporation is Healthcare Article VI: The names and street addresses of the original shareholders of the professional service corporation are: 40165 384 Cedar Grove Rd Shepherdsville KY Erica Ray State Zip Code Street Address City Name Zip Code City State Street Address Name Zip Code Street Address City State Name Article VII: The name and street address of the incorporator is as follows: 40165 Shepherdsville KY 384 Cedar Grove Rd Erica Ray Street Address or Post Office Box Number State Zip Code City Name State Zip Code Street Address or Post Office Box Number City Name Article VIII: Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter. Article IX: This application will be effective upon filing. Please indicate if the following applies to your business ownership: Veteran Owned I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Incorporator Erica Ray Title **Printed Name** Signature of Incorporator Richard Shufelt consent to serve as the registered agent on behalf of the corporation. **Print Name of Registered Agent** Richard Shufelt Registered Agent

**Printed Name** 

Title

Signature of Registered Agent