



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a: [] profit corporation [] nonprofit corporation [] professional limited liability company
[] business trust [] limited liability company [] statutory trust
[] limited partnership [] ltd cooperative association [] other
[] non-profit llc [x] professional service corporation

2. The name of the entity is Radiology of Indiana, P.C.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Radiology of Indiana, PSC
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Indiana

5. The date of organization is 9/21/1971 and the period of duration is Perpetual
(if left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
9998 Crosspoint Blvd., Suite 200 Indianapolis IN 46256
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
828 Lane Allen Road Suite 219 Lexington KY 40504
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):
see attached
Table with columns: Name, Street or P.O. Box, City, State, Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: []

12. If a limited liability company, check box if manager-managed: []

13. This application will be effective upon filing.

Signature of Authorized Representative: Debra K. Hayes, CFO, Date: 05/02/2024

I, Registered Agent Solutions, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Signature of Registered Agent: Ryan DeAnda, Printed Name: Ryan DeAnda, Title: Asst. Secretary, Date: 5/2/24

**OFFICERS & DIRECTORS
FOR
RADIOLOGY OF INDIANA, P.C.**

List of Officers:

Name	Title	Address
Dr Michael Fisher	President	9998 Crosspoint Blvd., Suite 200 Indianapolis, IN 46256
Dr Dennis Myers	Secretary	9998 Crosspoint Blvd., Suite 200 Indianapolis, IN 46256
Debra Hayes	CFO	9998 Crosspoint Blvd., Suite 200 Indianapolis, IN 46256

List of Directors:

Name	Address
Dr Mark Allen	9998 Crosspoint Blvd., Suite 200, Indianapolis, IN 46256
Dr Bryan Hankins	9998 Crosspoint Blvd., Suite 200, Indianapolis, IN 46256
Dr Daniel LoCascio	9998 Crosspoint Blvd., Suite 200, Indianapolis, IN 46256
Dr Justin Chang	9998 Crosspoint Blvd., Suite 200, Indianapolis, IN 46256
Dr Mark Sparrow	9998 Crosspoint Blvd., Suite 200, Indianapolis, IN 46256