

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **CONCENTRIC HEALTHCARE SOLUTIONS LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Arizona**.
5. The date of organization is **4/27/2005** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

4250 N. Drinkwater Blvd.
Suite 100
Scottsdale, AZ 85251

8. Required Representatives

Member	Kyle Silk	4250 N. Drinkwater Blvd., Suite 100	Scottsdale	AZ	85251
Manager	Robert Bales	4250 N. Drinkwater Blvd., Suite 100	Scottsdale	AZ	85251
Manager	Shannon Riley	4250 N. Drinkwater Blvd., Suite 100	Scottsdale	AZ	85251

9. Registered Agent/Office

Northwest Registered Agent
212 N. 2nd Street
Suite 100
Richmond, KY 40475

I, **Tom Glover**, consent to sign for **Northwest Registered Agent** who serves as the **Registered Agent** on behalf of this Entity.

on Thursday, May 25, 2023

As the Authorized Representative, I, **Robert Bales**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Vice President, Operations**