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

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: North Clark Medical Group LLC
- 3. The name of the entity to be used in Kentucky is (if applicable): North Clark Medical Group LLC
- 4. It is an entity organized and existing under the laws of the state of Indiana.
- 5. The date of organization is 4/13/2020 and the period of duration is perpetual

Principal Office

1802 E 10th St Jeffersonvlle, IN 47130

Registered Agent Name/Address

Leigh Bodenheimer 3130 Poplar Level Rd Audubon Park, KY 40213

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Jayesh Sheth on 3/24/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Leigh Bodenheimer on 3/24/2022

1093305 1093305 Michael G. /..... KY Secretary of State Received and Filed 3/24/2022 12:00:00 AM Fee receipt: \$402.00

RCA