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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/19/2023 1:40 PM Fee Receipt: \$90.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

r ision of Business Filings). Box 718 Inkfort, KY 40602 I2) 564-3490 I <u>w.sos.ky.gov</u>	(Foreign B	te of Authority usiness Entity)		BE
ursuant to the provisions of KRS 14	4A – 030 the undersigned hereby at	oplies for authority to transact	business in Kentucky on beha	If of the entity named below
d, for that purpose, submits the fol	Nowing etatement		professional limited lia	
		ofit corporation		ability company
business	trust limite	d liability company	statutory trust public benefit corporation	
	adhership Itd co	operative association		
non-profi		ssional service corporation	other	
			toos of State)	
The name of the entity is LRS He	ealthcare, LLC The name must be identical to the	name on record with the Se	cretary of State.)	
	d in Kentucky is (if applicable):		s unavailable for use; otherw	ise, leave blank.)
. The name of the entity to be use		nly provide if "real name" is	s unavailable for doo, canto	
. The state or country under whos	se law the entity is organized is	Georgiaand the period of dura	tion is Perpetual	· · · · · · · · · · · · · · · · · · ·
. The date of organization is _03/2	2/2023	and the period of dura	(If left blank, duration is o	considered perpetual.)
				30009
5. The mailing address of the entit	y's principal office is	Alpharetta	GA	Zip Code
2655 Northwinds Parkway		City	State	The second
Street Address	is registered office in Kentucky is			40601
7. The street address of the entity	s registered onice in remaining in	Frankfort	KY State	Zip Code
421 West Main Street Street Address (No P.O. Box Nu	mbers)	City	State	
and the name of the registered by		(anaroton) officers and directo	ors, managers, trustees or gen	eral partners).
 The names and business address 	esses of the entity's representatives	(Secretary, onlocid and an	ors, managers, trustees or gen GA	
The names and business address	esses of the entity's representatives 2655 Northwinds Parkway	Alpharetta	ors, managers, trustees or gen GA State	30009 Zip Code
 The names and business address JH LRS Holdings, LLC 	esses of the entity's representatives	(Secretary, onlocid and an	State	Zip Code
 The names and business address of the second second	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box	Alpharetta		
8. The names and business addro JH LRS Holdings, LLC	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box	Alpharetta City City	State State	Zip Code
8. The names and business addro JH LRS Holdings, LLC Name Name	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box	Alpharetta City City City City	State State State	Zip Code Zip Code Zip Code
 8. The names and business addresses a	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box ration, all the individual shareholders or more states or territories of the U poration.	Alpharetta Alpharetta City City City City City City City City	State State State of the directors, and all of the o umbia to render a professional	Zip Code Zip Code Zip Code flicers other than the secre service described in the
 8. The names and business address of the last of the last	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box attention, all the individual shareholders or more states or territories of the U poration. If filing this application, the above-na	Alpharetta Alpharetta City City City City S, not less than one half (1/2) of United States or District of Colu	State State State of the directors, and all of the o umbia to render a professional the laws of the jurisdiction of i	Zip Code Zip Code Zip Code flicers other than the secre service described in the
 8. The names and business addrest JH LRS Holdings, LLC Name Name 9. If a professional service corport and treasurer are licensed in one statement of purposes of the corr 10. I certify that, as of the date o 11. If a limited partnership, it ele 	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box ration, all the individual shareholders or more states or territories of the U poration. If filing this application, the above-na	Alpharetta Alpharetta City City City City City a, not less than one half (1/2) c Inited States or District of Colu med entity validly exists under thership. Check the box if ap	State State State of the directors, and all of the o umbia to render a professional the laws of the jurisdiction of i	Zip Code Zip Code Zip Code flicers other than the secre service described in the
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Name Name 9. If a professional service corpor and treasurer are licensed in one statement of purposes of the cor 10. I certify that, as of the date o 11. If a limited partnership, it ele	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box ration, all the individual shareholders or more states or territories of the L poration. If filing this application, the above-na tests to be a limited liability limited par y, check box if manager-managed	Alpharetta Alpharetta City City City G, not less than one half (1/2) of Inited States or District of Colu med entity validly exists under tnership. Check the box if ap	State	Zip Code Zip Code Zip Code fficers other than the secret service described in the
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 8. The names and business addred JH LRS Holdings, LLC Name Name 9. If a professional service corport and treasurer are licensed in one statement of purposes of the corr 10. I certify that, as of the date of 11. If a limited partnership, it ele 12. If a limited liability company 13. This application will be effect Jame Signature of Authorized Representing 	esses of the entity's representatives 2655 Northwinds Parkway Street or P.O. Box Street or P.O. Box Street or P.O. Box ration, all the individual shareholders or more states or territories of the U poration. f filing this application, the above-na tests to be a limited liability limited par y, check box if manager-managed tive upon filing. htative pany Agent	Alpharetta Alpharetta City City City City City City City City	State State State State State of the directors, and all of the o umbia to render a professional the laws of the jurisdiction of i plicable:	Zip Code Zip Code Zip Code fficers other than the secrel service described in the service described in the ts formation. 5 15 2023 Date The business entity.