

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

12/31/2024 12:00:00 AM

Fee receipt: \$250.00

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**

**RCA**

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 professional service corporation.
2. The name of the entity is: CAPITOL PAIN INSTITUTE, P.A.
3. The name of the entity to be used in Kentucky is: CAPITOL PAIN INSTITUTE, P.S.C.
4. It is an entity organized and existing under the laws of the state of Texas.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

8015 SHOAL CREEK BLVD  
STE 103  
AUSTIN, TX 78757-8051

**Registered Agent Name/Address**

9600 Feet Holdings  
6400 Dutchmans Parkway ste 60  
Louisville, KY 4005

**Current Officers**

President Wendi Bray 7951 Shoal Creek Blvd Ste 300, Austin TX 78757

6. As 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.

7. Wendi Bray, CFO, on 12/31/2024

8. I, 9600 Feet Holdings, consent to serve as the registered agent on behalf of the this entity on 12/31/2024