

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
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<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 limited liability company.
2. The name of the entity is: Performance Medical Solutions LLC
3. The name of the entity to be used in Kentucky is (if applicable): Performance Medical Solutions LLC
4. It is an entity organized and existing under the laws of the state of South Carolina.
5. The date of organization is 5/16/2014 and the period of duration is perpetual

Principal Office

622 Old Trolley Rd Ste 126
Summerville, SC 29485

Registered Agent Name/Address

Deanna Brady
1224 Gardiner Ln
Louisville, 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. KEVIN HESTER on 4/28/2022

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. Deanna Brady on 4/28/2022