

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

11/30/2023 10:48:30 AM

Fee receipt: \$90.00

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

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 **profit corporation**.
2. The name of the entity is: **HUNTINGTON HOSPITALIST GROUP**
3. The name of the entity to be used in Kentucky is (if applicable): **HUNTINGTON HOSPITALIST GROUP INC.**
4. The state or country whose law the entity is organized is **West Virginia**.
5. The date of organization is **11/30/2013** and the period of duration is **perpetual**.

6. Principal Office

2205 CARTER AVE
ASHLAND, KY 41101

7. Required Representatives

Director	ROBIN ARORA	2205 CARTER AVE	ASHLAND	KY	41101
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8. Registered Agent/Office

HUNTINGTON HOSPITALIST GROUP
2205 CARTER AVE
ASHLAND, KY 41101

I, **ROBIN ARORA**, consent to sign for **HUNTINGTON HOSPITALIST GROUP** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, November 30, 2023

As the Authorized Representative, I, **ROBIN ARORA**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **OWNER/MD**