

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
(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 **nonprofit corporation**.
2. The name of the entity is: **FLORIDA HOSPITAL HEALTHCARE PARTNERS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **1/30/2013** and the period of duration is **perpetual**.

7. Principal Office

900 Hope Way
Altamonte Springs, FL 32714

8. Registered Agent/Office

Morgan Ruthledge
505 S Cherry St
Murray, KY 42071

I, **Morgan Ruthledge**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, March 10, 2023

As the Authorized Representative, I, **Lisa Patenaude**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CFO**