

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

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: RADIOLOGY, P.S.C. OF WV
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of West Virginia.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

5221 US ROUTE 60 EAST
HUNTINGTON, WV 25705-2022

Registered Agent Name/Address

GREGORY A. KISER, M.S.H.A.
THREE RIVERS MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
HIGHWAY 644
P.O. BOX 769
LOUISA, KY 41230

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. 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. AMBER FURMAN on 10/24/2022

8. 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. GREGORY A. KISER, M.S.H.A. on 10/24/2022