# Commonwealth of Kentucky Michael G. Adams, 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

## Articles of Organization Professional Limited Liability Company

**PLC** 

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the professional limited liability company is

#### REHAB MD LOUISVILLE PLLC

Article II: The name of the initial registered agent is

#### **JAMES MILLER**

and the street address of the entity's initial registered office in Kentucky is

### 225 S HURSTBOURNE PKWY 201, LOUISVILLE, KY 40222

Article III: The mailing address of the entity's principal office is

#### 225 S HURSTBOURNE PKWY 201, LOUISVILLE, KY 40222

Article IV: This entity is managed by Members.

Article V: The profession to be practiced through the professional limited liability company is

#### **Physicians**

Article VI: This filing will be effective on Thursday, September 5, 2024.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Organizer: JAMES MILLER** 

I, **JAMES MILLER**, consent to serve as the Registered Agent on behalf of this entity on Thursday, September 5, 2024.