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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- ☐ profit corporation
- ☐ professional service corporation
- ☑ limited liability company
- ☐ professional limited liability company
- ☐ limited cooperative association
- ☐ other
- ☐ nonprofit corporation.
- ☐ business trust
- ☐ limited partnership
- ☐ statutory trust
- ☐ non-profit LLC

2. The name of the company is: Maxim Physician Resources, LLC.
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Maryland.

4. The entity received authority to transact business in Kentucky on 7/5/2012.

5. The entity has changed its **(check all that apply)**
- ☑ Domicile name to Amergis Locum Tenens, LLC
- ☒ Name to be used in Kentucky to Amergis Locum Tenens, LLC
- ☐ Jurisdiction of organization to_____
- ☐ Period of duration_____
- ☐ Form of organization_____
- ☐ Management type: ☐ Member managed ☐ Manager managed

6. This application will be effective upon filing.

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

Carrie V. O'Brien	Carrie O' Brien	Secretary	04/01/2024
Signature of Authorized Representative	**Printed Name**	**Title**	**Date**