

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

P101

1357626.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
4/16/2024 12:00:00 AM  
Fee receipt: \$90

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 entity is a **profit corporation**.

2. The name of the entity is

**Medical Center Radiologists Inc**

3. The name of the entity to be used in Kentucky is

**Medical Center Radiologists Inc**

4. The state or country under whose law the entity is organized is **Virginia**.

5. The date of organization is **12/1/1962** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**6275 E Virginia Beach Blvd Ste 300, Norfolk, VA 23502**

7. The street address of the entity's registered office in Kentucky is

**212 N 2nd St Ste 100, Richmond, KY 40475**

and the name of the registered agent at that office is **Registered Agents, Inc..**

8. The names and business addresses of the entity's representatives:

|                         |                         |                                    |          |    |       |
|-------------------------|-------------------------|------------------------------------|----------|----|-------|
| <b>Registered Agent</b> | Registered Agents, Inc. | 212 N 2nd St Ste 100               | Richmond | KY | 40475 |
| <b>Officer</b>          | BDO USA PC              | 300 E Main St Ste 1300             | Norfolk  | VA | 23510 |
| <b>Authorized Rep</b>   | BDO USA PC              | 300 E Main St Ste 1300             | Norfolk  | VA | 23510 |
| <b>President</b>        | Robert Post             | 6275 E Virginia Beach Blvd Ste 300 | Norfolk  | VA | 23502 |

9. This application will be effective on **Tuesday, April 16, 2024**.

As the Authorized Representative, I, **Nicole J Wood-Sabo**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **David Roberts**, consent to sign for **Registered Agents, Inc.** who serves as the **Registered Agent**

on behalf of this Entity.

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