

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

Michael G. Adams  
Secretary of State  
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**Articles of Organization**  
**Limited Liability Company**

**KLC**

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1363231.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/8/2024 12:00:00 AM  
Fee receipt: \$40

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 limited liability company is

**Adams Anesthesia LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is

**209 Adams Way, Hillsboro, KY 41049**

and the name of the initial registered agent at that office is **Beth Adams**.

Article III: The mailing address of the limited liability company's initial principal office is

**209 Adams Way, Hillsboro, KY 41049**

Article IV: The limited liability company is to be managed by **Members**.

Article V: This application will be effective on **Wednesday, May 8, 2024**.

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

Organizer: **Beth Adams**

Organizer: **Beth Adams**

I, **Beth Adams**, consent to sign for **Beth Adams** who serves as the **Registered Agent** on behalf of this limited liability company.