



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 2/15/2023 2:45 PM
 Fee Receipt: \$90.00

Division of Business Filings

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

Certificate of Authority
 (Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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 ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is National Medical Care, Inc.
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 08/06/1984 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
920 Winter St. Waltham MA 02451
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512, Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

see attached

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If 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.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Bryan Mello Bryan Mello, Asst. Treasurer 2/15/23
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Stephen Rullis Stephen Rullis VP & Asst. Secy. 02/15/2023
Signature of Registered Agent Printed Name Title Date

First Name	Last Name	Title	
WILLIAM	VALLE	DIRECTOR	920 Winter St., Waltham, MA 02451
Dennis	Kogod	DIRECTOR	920 Winter St., Waltham, MA 02451
WILLIAM	VALLE	CHIEF EXECUTIVE OFFICER	920 Winter St., Waltham, MA 02451
Dennis	Kogod	PRESIDENT	920 Winter St., Waltham, MA 02451
Thomas	Brouillard	CHIEF FINANCIAL OFFICER	920 Winter St., Waltham, MA 02451
MARK	FAWCETT	SENIOR VICE PRESIDENT AND TREASURER	920 Winter St., Waltham, MA 02451
Patricia	Rich	SENIOR VICE PRESIDENT & SECRETARY	920 Winter St., Waltham, MA 02451
Barry	Blanton	VICE PRESIDENT	920 Winter St., Waltham, MA 02451
BRYAN	MELLO	ASSISTANT TREASURER	920 Winter St., Waltham, MA 02451
Dorothy	Rizzo	ASSISTANT TREASURER	920 Winter St., Waltham, MA 02451
Mollie	Miller	ASSISTANT TREASURER	920 Winter St., Waltham, MA 02451
Julie	Hawkins	ASSISTANT SECRETARY	920 Winter St., Waltham, MA 02451
DOMENIC	GAETA	ASSISTANT SECRETARY	920 Winter St., Waltham, MA 02451