

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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 business entity is a **nonprofit corporation**.
2. The name of the entity is: **SSM HEALTH BUSINESSES, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Missouri**.
5. The date of organization is **12/22/1999** and the period of duration is **perpetual**.

7. Principal Office

10101 Woodfield Ln
Saint Louis, MO 63132

8. Required Representatives

Officer	Laura S Kaiser	3 Cityplace Dr. Suite 700	Saint Louis	MO	63141
Officer	Steven R Smoot	3 Cityplace Dr. Suite 700	Saint Louis	MO	63141
Officer	Douglas P Long	3 Cityplace Dr. Suite 700	Saint Louis	MO	63141
Officer	Randall J Combs	3 Cityplace Dr. Suite 700	Saint Louis	MO	63141
Director	Karen Rewerts	10101 Woodfield Ln	Saint Louis	MO	63132

9. Registered Agent/Office

CT Corporation System
306 West Main Street, Suite 512
Frankfort, KY 40601

I, **Margaret E. Routzahn, Assistant Secretary**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, May 3, 2023

As the Authorized Representative, I, **Douglas P Long**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**