



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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 public benefit corporation
 non-profit llc professional service corporation other

2. The name of the entity is Retina Consultants LTD
 (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 Missouri

5. The date of organization is 12/19/1968 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2201 S. Brentwood Blvd St Louis MO 63144
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

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.

Signature of Authorized Representative: _____
 Printed Name & Title: Nicholas Engelbrecht
 Date: 08/16/2023

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: C T Corporation System Christine Kelm 08/16/2023
 Assistant Secretary
 Signature of Registered Agent Printed Name Title Date

President	Nicholas E. Engelbrecht, M.D.	2201 S. Brentwood Blvd St Louis, MO 63144
Vice President	Daniel P. Joseph, M.D. Ph.D	2201 S. Brentwood Blvd St Louis, MO 63144
Vice President	Kevin J. Blinder, M.D	2201 S. Brentwood Blvd St Louis, MO 63144
Vice President	Sabin Dang, M.D	2201 S. Brentwood Blvd St Louis, MO 63144
Vice President	Alia K. Durrani, M.D	2201 S. Brentwood Blvd St Louis, MO 63144
Secretary	Bradley T. Smith, M.D	2201 S. Brentwood Blvd St Louis, MO 63144
Treasurer	Thomas K. Krummenacher, M.D.	2201 S. Brentwood Blvd St Louis, MO 63144

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

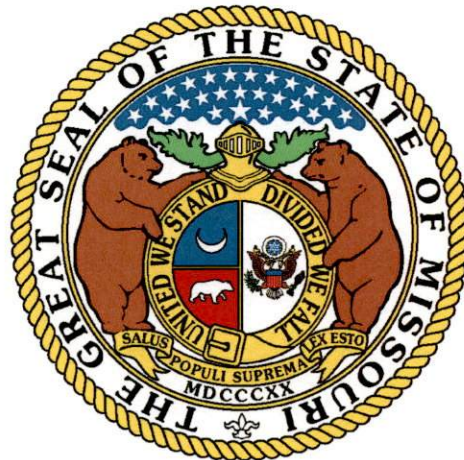
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

RETINA CONSULTANTS, LTD.
00133124

was created under the laws of this State on the 19th day of December, 1968, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of August, 2023.


Secretary of State



Certification Number: CERT-08142023-0086