



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1217742.09**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 7/1/2022 1:13 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

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 THE SCOTTCARE CORPORATION  
 (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 May 17, 1990 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
28800 CLEMENS ROAD WESTLAKE OH 44145  
**Street Address** **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is  
101 North Seventh Street Louisville KY 40202  
**Street Address (No P.O. Box Numbers)** **City** **State** **Zip Code**

and the name of the registered agent at that office is Corporate Creations Network Inc.

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

Please 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.

 Joseph Panholzer, Special Secretary July 1, 2022  
**Signature of Authorized Representative** **Printed Name & Title** **Date**

I, Corporate Creations Network Inc., consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**

 Carlos Alvarez Special Secretary July 1, 2022  
**Signature of Registered Agent** **Printed Name** **Title** **Date**

**The ScottCare Corporation**

**Directors**

Michael Nichols  
28800 CLEMENS ROAD  
WESTLAKE, OH 44145

Heidi Duncan Alten  
28800 CLEMENS ROAD  
WESTLAKE, OH 44145

David Schurch  
28800 CLEMENS ROAD  
WESTLAKE, OH 44145

**Officers**

PRESIDENT & CEO  
Michael Nichols  
28800 CLEMENS ROAD  
WESTLAKE, OH 44145

Vice President & General Manager  
DEEPAK MALHOTRA  
4791 WEST 150TH STREET  
CLEVELAND, OH 44135

Vice President & Secretary  
Heidi Duncan Alten  
28800 Clemens Road  
Westlake, OH 44145

TREASURER  
JOHN W GRETТА  
28800 CLEMENS ROAD  
WESTLAKE, OH 44145

Assistant Secretary  
Monique J. Boyd  
28800 Clemens Road  
Westlake, OH 44145