

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1359943.09
Michael G. Adams
Secretary of State
Received and Filed
4/24/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 entity is a **profit corporation**.

2. The name of the entity is

DAVIDSON EMERGENCY MEDICAL SERVICES PC Corp

3. The name of the entity to be used in Kentucky is

DAVIDSON EMERGENCY MEDICAL SERVICES PC Corp

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

5. The date of organization is **12/15/2012** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

145 Doe Vly, Lexington, KY 40515

7. The street address of the entity's registered office in Kentucky is

145 Doe Vly, Lexington, KY 40515

and the name of the registered agent at that office is **Peter Davidson**.

8. The names and business addresses of the entity's representatives:

Registered Agent	Peter Davidson	145 Doe Vly	Lexington	KY	40515
Accountant	AUBREY KENDALL	4240 Pioneer	Lincoln	NE	68506
		Woods Dr			
Authorized Rep	Peter Davidson	145 Doe Vly	Lexington	KY	40515

9. This application will be effective on **Wednesday, April 24, 2024**.

As the Authorized Representative, I, **Peter Davidson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Peter Davidson**, consent to sign for **Peter Davidson** who serves as the **Registered Agent** on behalf of this profit corporation company.