

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1396545.09
Michael G. Adams
Secretary of State
Received and Filed
9/20/2024 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

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.

3. The state or country under whose law the entity is organized is **Texas**.

4. The date of organization is **9/6/1988** and the period of duration is **perpetual**.

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

10400 Linn Station Road, Suite 100, Louisville, KY 40223

6. The name of the initial registered agent is

CORPORATION SERVICE COMPANY

and the street address of the entity's initial registered office in Kentucky is

421 WEST MAIN STREET, FRANKFORT, KY 40601

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

Director	VenkatGiri Vandali	10400 Linn Station Road, Suite 100, Louisville, KY 40223
Officer	VenkatGiri Vandali	10400 Linn Station Road, Suite 100, Louisville, KY 40223
Secretary	Yvonne Perez	10400 Linn Station Road, Suite 100, Louisville, KY 40223

8. This filing will be effective on **Friday, September 20, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: Venkatgiri Vandali**

I, **Charlene Sati**, consent to sign for **CORPORATION SERVICE COMPANY** who serves as the Registered Agent on behalf of this

entity on Friday, September 20, 2024.

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