



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1305748.09mmore
ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 9/5/2023 1:02 PM
 Fee Receipt: \$50.00

Division of Business Filings

P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Incorporation
Professional Service Corporation

KPS

Pursuant to KRS 14A, KRS 271B and KRS 274, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Dr. Thomas Whealton, P.S.C.

Article II: The number of shares the corporation is authorized to issue is 100

Article III: The name and street address of the corporation's initial registered agent and office in Kentucky is

Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code
Thomas Whealton, D.O.	2104 Woodmont Drive	Lexington	KY	40502

Article IV: The mailing address of the corporation's principal office is

Street Address or Post Office Box Number	City	State	Zip Code
1601 Hwy 121 N. Bypass, Ste B	Murray	KY	42071

Article V: The profession to be practiced through the professional service corporation is Medicine

Article VI: The names and street addresses of the original shareholders of the professional service corporation are:

Name	Street Address	City	State	Zip Code
Thomas Whealton, D.O.	2104 Woodmont Drive	Lexington	KY	40502

Name	Street Address	City	State	Zip Code

Name	Street Address	City	State	Zip Code

Article VII: The name and street address of the incorporator is as follows:

Name	Street Address or Post Office Box Number	City	State	Zip Code
Thomas Whealton, D.O.	2104 Woodmont Drive	Lexington	KY	40502

Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VIII: Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter.

Article IX: This application will be effective upon filing.

Please indicate if the following applies to your business ownership:

☐ Veteran Owned

DocuSigned by:

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

Signature of Incorporator	Printed Name	Title	Date
	Thomas Whealton, D.O.	Shareholder	8/31/2023

I, Thomas whealton, consent to serve as the registered agent on behalf of the corporation.

Print Name of Registered Agent	Printed Name	Title	Date
	Thomas Whealton, D.O.	Shareholder	8/31/2023

Signature of Registered Agent	Printed Name	Title	Date