

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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 business entity is a **limited liability company**.
2. The name of the entity is: **GERIATRIC MEDICAL SPECIALISTS**
3. The name of the entity to be used in Kentucky is (if applicable): **GERIATRIC MEDICAL SPECIALISTS LLC**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **4/4/2021** and the period of duration is **perpetual**.
This Filing is Effective on Saturday, February 17, 2024
6. This entity is managed by Members

7. Principal Office

200 Central Ave
4th Floor
St. Petersburg, FL 33701

8. Required Representatives

Member	Thomas Haithcoat	200 Central Ave	St. Petersburg	FL	33701
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9. Registered Agent/Office

Geriatric Medical Specialists, LLC
312 S. Fourth St.
Suite 700
Louisville, KY 40202

I, **Tom C Haithcoat**, consent to sign for **Geriatric Medical Specialists, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Saturday, February 17, 2024

As the Authorized Representative, I, **Tom C Haithcoat**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**