

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

P101

1394251.09
Michael G. Adams
Secretary of State
Received and Filed
9/11/2024 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

Physical Exams, Inc.

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

Physical Exams, Inc.

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

5. The date of organization is **12/15/2003** and the period of duration is **perpetual**.

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

705 Broadway, Paintsville, KY 41240

7. The name of the initial registered agent is

Drug Testing Centers of America

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

705 Broadway, Paintsville, KY 41240

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

Registered Agent	Drug Testing Centers of America	705 Broadway, Paintsville, KY 41240
President	Drug Testing Centers of America	705 Broadway, Paintsville, KY 41240
President	Michael Ferguson	Po Box 1157, Wexford, PA 15090
Authorized Rep	Michael Ferguson	Po Box 1157, Wexford, PA 15090
Officer	Michael Ferguson	Po Box 1157, Wexford, PA 15090

9. This filing will be effective on **Wednesday, September 11, 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 **Authorized Rep:**

Michael Ferguson

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I, **Michael Ferguson**, consent to sign for **Dr**
of America who serves as the Registered A
entity on Wednesday, September 11, 2024.

