

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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

**Certificate of Existence**

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky,  
do hereby certify that according to the records in the Office of the Secretary of  
State,

**OKOLONA MEDICAL CENTER LLC**

has eliminated all the grounds for dissolution, paid all fees and penalties owed to  
the Secretary of State, and met all other requirements for reinstatement. The  
Secretary of State hereby cancels the certificate of dissolution issued on October  
8, 2020. The effective date of reinstatement is November 12, 2020.

I further certify that OKOLONA MEDICAL CENTER LLC is a limited  
liability company duly organized and existing under the laws of the  
Commonwealth of Kentucky, whose date of organization is January 16, 2004, and  
whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
Official Seal at Frankfort, Kentucky, this 12<sup>th</sup> day of November, 2020.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky



Michael G. Adams  
Secretary Of State  
Filings Division  
P.O. Box 718  
Frankfort, KY 40602-0718

**0576555**  
**IMPORTANT NOTICE**

### **NOTICE**

#### **Keep this copy for your records**

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

#### **How to obtain a full page copy of your business filing**

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at

**[www.sos.ky.gov](http://www.sos.ky.gov)**. If you would like to request copies of the document from our office, please download the Records Request Form at **[www.sos.ky.gov](http://www.sos.ky.gov)** and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

**OKOLONA MEDICAL CENTER LLC**  
**6500 PRESTON HIGHWAY**  
**LOUISVILLE KY 40219**