

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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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 **profit corporation**.
2. The name of the entity is: **U.S. ANESTHESIA PARTNERS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **8/12/2012** and the period of duration is **perpetual**.

7. Principal Office

12222 Merit Drive, Suite 700
Dallas, TX 75251

8. Required Representatives

Officer	Len Wright	12222 Merit Drive Suite 700	Dallas	TX	75251
Officer	Amy Sanford	12222 Merit Drive Suite 700	Dallas	TX	75251

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Eric T. Moore, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, October 4, 2023

As the Authorized Representative, I, **Len Wright**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**