

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Fee Receipt: \$90.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/27/2023 2:34 PM

Division of Business Filings Certificate of Authority **FBE** P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: nonprofit corporation profit corporation professional limited liability company 1. The entity is a: limited liability company business trust statutory trust Itd cooperative association limited partnership non-profit IIc professional service corporation 2. The name of the entity is PRIMARY CARE PARENT II, LLC (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Delaware 5. The date of organization is 04/19/2022and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is KY 40202 500 West Main Street Louisville Street Address State Zip Code City 7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512 40601 Frankfort State Street Address (No P.O. Box Numbers) Zip Code and the name of the registered agent at that office is C T Corporation System 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): SEE ATTACHMENT Street or P.O. Box State Zip Code City Name Name Street or P.O. Box Zip Code City State Name Street or P.O. Box City State Zip Code 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12. If a limited liability company, check box if manager-managed: This application will be effective upon filing Joseph M. Ruschell, Associate Vice President, 09/26/2023 Printed Name & Assetant General Signature of Authorized Representative Date Counsel & Corporate Secretary I, C T Corporation System consent to serve as the registered agent on behalf of the business entity. Type/Print Name of Registered Agent By: Salvina Amenta-Gray Vice President Salvina Amenta-Gray

**Printed Name** 

Title

Signature of Registered Agent

Entity Name: Primary Care Parent II, LLC

Name	Title	Address Line 1
Broussard, Bruce Dale	Manager	500 West Main St.,
		Louisivlle, KY 40202
Buckingham, Renee	Manager	500 West Main St.,
Jacqueline	-	Louisivlle, KY 40202
Bailey, Alan James	Vice President and Treasurer	500 West Main St.,
		Louisivlle, KY 40202
Blackmon, Kate	Vice President, Primary Care	500 West Main St.,
	300 992	Louisivlle, KY 40202
Buckingham, Renee	President	500 West Main St.,
Jacqueline		Louisivlle, KY 40202
Edwards, Douglas Allen	Vice President	500 West Main St.,
		Louisivlle, KY 40202
Judd, Patrick Nicholas	Vice President, Finance	500 West Main St.,
		Louisivlle, KY 40202
Preston, William Mark	Vice President, Investments	500 West Main St.,
		Louisivlle, KY 40202
Robinson, Donald Hank	Senior Vice President, Tax	500 West Main St.,
		Louisivlle, KY 40202
Ruschell, Joseph	Associate Vice President,	500 West Main St.,
Matthew	Assistant General Counsel and	Louisivlle, KY 40202
	Corporate Secretary	
Wilson, Ralph Martin	Vice President	500 West Main St.,
		Louisivlle, KY 40202
Primary Care Holdings II,	Member	500 West Main St.,
LLC		Louisivlle, KY 40202
WCAS Investor I, LP	Member	500 West Main St.,
		Louisivlle, KY 40202