

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

**0416057 0416057**

Michael G. Adams  
KY Secretary of State  
Received and Filed

**11/5/2024 12:00:00 AM**

**Fee receipt: \$136.00**

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**

**RCA**

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 nonprofit corporation.
2. The name of the entity is: SOUTHERN OHIO MEDICAL CENTER, INC.
3. It is an entity organized and existing under the laws of the state of Ohio.
4. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

1805 27TH STREET  
PORTSMOUTH, OH 45662

**Registered Agent Name/Address**

Kara Plummer  
246 Commonwealth Rd  
Vanceburg, KY 41179

**Current Officers**

Officer	Robert R Dever	1805 27TH STREET,PORTSMOUTH,OH 45662
President	Benjamin L Gill	1805 27TH STREET,PORTSMOUTH,OH 45662
Secretary	George Lawson	1805 27TH STREET, PORTSMOUTH, OH 45662
Treasurer	Gary Duzan	1805 27TH STREET, PORTSMOUTH, OH 45662
Vice President	Kara E Plummer	1805 27TH STREET,PORTSMOUTH,

6. Jenny Cunningham, Financial Accounting Manager, on 11/5/2024

7. I, Kara Plummer, consent to serve as the registered agent on behalf of the this entity on 11/5/2024