



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

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:

1. The entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is VHA Southeast, Inc.
(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 Florida

5. The date of organization is 05/08/1985 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
4211 W Boy Scout Blvd, Suite 750 Tampa FL 33607
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached Listing

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
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: ☐

13. This application will be effective upon filing.

J Robert Grady J Robert Grady, President & CEO 06/01/2023
Signature of Authorized Representative Printed Name & Title Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Johnnie Myers, Jr. Corporation Service Company Asst. Secretary 06/02/2023
Signature of Registered Agent Printed Name Title Date

VHA SOUTHEAST, INC. DIRECTORS & OFFICERS

Title PRESIDENT
Name GRADY, J ROBERT
Address 4211 W BOY SCOUT BLVD
 STE 750
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name TYNER, RUSS
Address 301 BROWN SPRINGS RD
City-State-Zip: MONTGOMERY AL 36117

Title CHAIRMAN
Name FEASEL, JEFF
Address 303 N CLYDE MORRIS
City-State-Zip: DAYTONA BEACH FL 32124

Title VC
Name NIX, MARK
Address 3 MOBILE INFIRMARY CIRCLE
City-State-Zip: MOBILE AL 36607

Title DIRECTOR
Name HAKIM, JAMAL
Address 1414 KUHL AVENUE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name O'BRYANT, MARK
Address 1300 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name DEVOOGHT, CARLTON
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name COMMISSIONG, TINA
Address 9048 SUGAR ESTATE
City-State-Zip: ST. THOMAS 00802

Title SECRETARY/TREASURER
Name DEAN, RONALD
Address 2501 PATTERSON STREET
City-State-Zip: VALDOSTA GA 31602

Title DIRECTOR
Name MIKITARIAN, GEORGE
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name KEEFER, KATRINA
Address 809 UNIVERSITY BLVD, EAST
City-State-Zip: TUSCALOOSA AL 35401

Title DIRECTOR
Name SAMZ, JEFF
Address 101 SIVELY ROAD
City-State-Zip: HUNTSVILLE AL 35801

Title DIRECTOR
Name BASS, LOUIS
Address 400 EAST 10TH ST
City-State-Zip: ANNISTON AL 36207

Title DIRECTOR
Name THORNBURY, NEAL
Address 1301 N RACE ST
City-State-Zip: GLASGOW, KY 42141