



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 12/22/2023 11:43 AM
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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 Envision Healthcare Operating, 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 Delaware

5. The date of organization is 10/14/2023 and the period of duration is _____
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
20 Burton Hills Boulevard, Suite 500 Nashville TN 37215
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

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.

DocuSigned by:
Jillian Marcus, Senior Vice President 12/21/2023
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

	<u>Kaitlyn Rose</u>	<u>Corporation Service Company</u>	<u>Asst. Secretary</u>	<u>12/22/2023</u>
Signature of Registered Agent	Printed Name	Title	Date	

Attachment to Kentucky Certificate of Authority

Name	Title	Business Address	City, State, Zip
Steve Nelson	Director	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215
Henry Howe	Director Interim Chief Executive Officer President Executive Vice President Chief Financial Officer	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215
Joshua Bloomstone, M.D.	Chief Medical Officer	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215
Jillian Marcus	Senior Vice President Chief Compliance Officer Interim General Counsel Corporate Secretary	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215
Holly Jensen	Chief Accounting Officer	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215
William Cross	Treasurer	20 Burton Hills Boulevard, Suite 500	Nashville, TN 37215