

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

KNLP  
1430267.17  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/16/2025 11:36:52 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

1. The name of the partnership electing to become a limited liability partnership is

**Nursiva Healthcare L.L.P.**

2. The mailing address of the chief executive office of the limited liability partnership is

**1411 Goddard Avenue #3, Louisville, KY 40204**

3. The name of the initial registered agent is

**Walter Gibbs**

and the street address of the entity's initial registered office in Kentucky is

**1411 Goddard Avenue #3, Louisville, KY 40204**

4. The above partnership elects to be a limited liability partnership.

This filing will be effective on **Sunday, February 16, 2025.**

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Partner: Walter Gibbs**

Signature of individual signing on behalf of **Partner: Ethan Egger**

Signature of individual signing on behalf of **Partner: Desiree Garza**

Signature of individual signing on behalf of **Partner: Kasey Garza**

I, **Walter Gibbs**, consent to serve as the Registered Agent on behalf of this entity on Sunday, February 16, 2025.