

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Articles of Incorporation**  
**Professional Service Corporation**

**KPS**

Pursuant to KRS 14A and KRS 271B and 274, the undersigned applied to qualify and for that purpose submits the following statements:

**Article I:** The name of the corporation is

**COMPASSION & CARE MEMORY & REHAB P.S.C.**

**Article II:** The number of shares the corporation is authorized to issue is **1**

**Article III:** The name of the registered agent is

**Alicia Barnett**

and the street address of the corporation's initial registered office in Kentucky is **5222 CRAIGS CREEK DR, LOUISVILLE, KY 40241-4840**

**Article IV:** The mailing address of the corporation's initial principal office is

**5222 CRAIGS CREEK DR, LOUISVILLE, KY 40241-4840**

**Article V:** The profession to be practiced through the professional service corporation is

**nurses**

**Article VI:** The names and street address of the original shareholders of the professional service corporation are:

**Alicia Barnett 5222 CRAIGS CREEK DR, LOUISVILLE, KY 40241-4840**

**Article VII:** The name and street address of the incorporator is as follows:

**Alicia Barnett 5222 CRAIGS CREEK DR, LOUISVILLE, KY 40241-4840**

**Article VIII:** Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter.

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

**Alicia Barnett**  
**member**

3/6/2023

I, **Alicia Barnett**, consent to serve as the Registered Agent on behalf of the corporation.

**Alicia Barnett**

**member**

3/6/2023

