



COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE

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

Articles of Incorporation  
Professional Service Corporation

KPS

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

Article I: The name of the corporation is Urgent Care Services Southeast, P.S.C.

Article II: The number of shares the corporation is authorized to issue is 1,000

Article III: The name and street address of the corporation's initial registered agent and office in Kentucky is

Corporation Service Company 421 West Main Street, Frankfort KY 40601

Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code
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Article IV: The mailing address of the corporation's principal office is

265 Brookview Centre Way, Suite 203 Knoxville TN 37919

Street Address or Post Office Box Number	City	State	Zip Code
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Article V: The profession to be practiced through the professional service corporation is medicine

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

Name	Street Address	City	State	Zip Code
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Name	Street Address	City	State	Zip Code
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Name	Street Address	City	State	Zip Code
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Name	Street Address	City	State	Zip Code
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Article VII: The name and street address of the incorporator is as follows:

Name	Street Address or Post Office Box Number	City	State	Zip Code
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Name	Street Address or Post Office Box Number	City	State	Zip Code
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Name	Street Address or Post Office Box Number	City	State	Zip Code
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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.

Article IX: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.

Please indicate the county in which your business operates:

County: \_\_\_\_\_

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☐ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:

- ☐ Women Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                    |
| <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |  |
| <input type="checkbox"/> Other                 |   |  |  |

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

	Gina C. Wilkins	Incorporator	7/11/2023
Signature of Incorporator	Printed Name	Title	Date

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

By: <u>Melissa Lemus</u>	Melissa Lemus	Assistant Secretary	07/11/2023
Signature of Registered Agent	Printed Name	Title	Date