

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
P. O. Box 718
Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a **limited liability company**.
2. The name of the entity is: **ONE CALL REHAB LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Indiana**.
5. The date of organization is **9/7/2012** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

7345 Woodland Drive
Indianapolis, IN 46278

8. Required Representatives

Manager	Manuel Garcia	7345 Woodland Drive	Indianapolis	IN	46278
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9. Registered Agent/Office

Shlomo Litvin
568 Columbia Avenue
Lexington, KY 40508

I, **Shlomo Litvin**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Thursday, October 19, 2023

As the Authorized Representative, I, **Manuel Garcia**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**