

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  
(502) 564-3490  
<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 **professional service corporation**.
2. The name of the entity is: **VITAL TAP MEDICAL PC**
3. The name of the entity to be used in Kentucky is (if applicable): **VITAL TAP MEDICAL PROFESSIONAL SERVICE CORPORATION**
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **11/27/2023** and the period of duration is **perpetual**.
6. As 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.

**7. Principal Office**

2108 N ST STE N  
SACRAMENTO, CA 95816

**8. Required Representatives**

Officer	Sajad Zalzal	2108 N ST STE N SACRAMENTO	CA	95816
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**9. Registered Agent/Office**

Registered Agent Solutions, Inc.  
828 Lane Allen Road Suite 219  
Lexington, KY 40504

I, **Naomi Ostowitz**, Assistant Secretary on behalf of **Registered Agent Solutions, Inc.**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Sunday, December 3, 2023

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