

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 **limited liability company**.
2. The name of the entity is: **PARK TERRACE DIALYSIS, 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 **Delaware**.
5. The date of organization is **5/17/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

**7. Principal Office**

303 N. Hurstbourne Parkway, Suite 200  
Louisville, KY 40222

**8. Required Representatives**

Member	Leigh Ann Barney	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222
Member	David W. Davis	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222
Member	Gregory A. Conner	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222

**9. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Lynell Allison**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Thursday, July 20, 2023

As the Authorized Representative, I, **Gregory A. Conner**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Person**