



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 5/11/2023 10:44 AM
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Division of 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 MDPKY Physicians, 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

| Name | Street Address (No Post Office Box Numbers) | City | State | Zip Code |
|------------------------|---------------------------------------------|-----------|----------|----------|
| C T Corporation System | 306 W. Main Street | Frankfort | Kentucky | 40601 |

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

| Street Address or Post Office Box Number | City | State | Zip Code |
|------------------------------------------|---------------|----------|----------|
| 119 South Main Street | Saint Charles | Missouri | 63301 |

Article V: The profession to be practiced through the professional service corporation is Profession of medicine and surgery and services ancillary thereto.

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

| Name | Street Address | City | State | Zip Code |
|----------------|-------------------------|-------|-------|----------|
| Mark Schlangel | 3109 Grand Avenue, #544 | Miami | FL | 33133 |

| Name | Street Address | City | State | Zip Code |
|------|----------------|------|-------|----------|
| | | | | |

| Name | Street Address | City | State | Zip Code |
|------|----------------|------|-------|----------|
| | | | | |

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 |
|----------------|------------------------------------------|-------|-------|----------|
| Mark Schlangel | 3109 Grand Avenue, #544 | Miami | FL | 33133 |

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

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.

Please indicate if the following applies to your business ownership:

☐ Veteran Owned

DocuSigned by:

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

Mark Schlangel

President

5/10/2023

Printed Name

Title

Date

I, C T Corporation System

, consent to serve as the registered agent on behalf of the corporation.

Print Name of Registered Agent

Matt Ruiz

Assistant Secretary

5/11/2023

Signature of Registered Agent

Printed Name

Title

Date