

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

RCA

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 profit corporation.
2. The name of the entity is: PROGRESSIVE REHAB ADVANCED THERAPY, INC.
3. The name of the entity to be used in Kentucky is (if applicable): PROGRESSIVE REHAB, INC.
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

3026 HIDDEN LAKE POINTE
OWENSBORO, KY 42303

Registered Agent Name/Address

TRISHA PHELPS
3026 HIDDEN LAKE POINTE
OWENSBORO, KY 42303

Current Officers

President	TRISHA PHELPS	3026 HIDDEN LAKE POINTE,OWENSBORO,KY 42303
Secretary	DAVID PHELPS	3026 HIDDEN LAKE POINTE,OWENSBORO,KY 42303

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Trisha Phelps on 1/26/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. TRISHA PHELPS on 1/26/2022