

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Kentucky 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 Existence

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Northern Kentucky Pain Relief Physical Medicine Center, P.S.C.

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is April 14, 2020.

I further certify that Northern Kentucky Pain Relief Physical Medicine Center, P.S.C. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is August 29, 2011, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of April, 2020.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
0799091



Michael G. Adams
Secretary Of State
Filings Division
P.O. Box 718
Frankfort, KY 40602-0718

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IMPORTANT NOTICE

NOTICE

Keep this copy for your records

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at

www.sos.ky.gov. If you would like to request copies of the document from our office, please download the Records Request Form at **www.sos.ky.gov** and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

**Northern Kentucky Pain Relief Physical
Medicine Center, P.S.C.
8119 Connector Drive
Florence KY 41042**