

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/27/2022 11:30 AM Fee Receipt: \$20.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

## Articles of Incorporation Professional Service Corporation

**KPS** 

www.sos.ky.gov						
Pursuant to KRS 14A, KRS 2	271B and KRS 2	74, the undersigned applies to qualify ar	nd for that purpose s	ubmits the foll	owing statemen	ts:
	265			_		
		yday Health Medical Group F	Kentucky, P.S.	C.		
Article II: The number of sha	res the corporat	ion is authorized to issue is 1,000				
		e corporation's initial registered agent a	nd office in Kentucky			
	421 West Main Street		Frankfort	KY		40601
Name	Street Addres	s (No Post Office Box Numbers)	City	State		Zip Code
Article IV: The mailing addre		ation's principal office is				
2333 Alexandria Driv	Lexington			40504		
Street Address or Post Offi	City	State		Zip Code		
Article V: The profession to b	e practiced thro	ugh the professional service corporation	is medicine			
		f the original shareholders of the profess	sional service corpor	ation are:		
Nupur Mehta		andria Drive	Lexingtor			40504
Name	Street Addres	S	City	State		Zip Code
Name	Street Addres	s	City	State		Zip Code
Name	Street Addres	s	City	State		Zip Code
Article VII: The name and stre	eet address of th	ne incorporator is as follows:				
Nupur Mehta	2333 Alexandria Drive		Lexington KY		KY	40504
Name	Street Addres	s or Post Office Box Number	City	City State		Zip Code
Name	Street Addres	s or Post Office Box Number	City	/	State	Zip Code
Article VIII: Each of the incorp qualified person within the me		olders, not less than one half (1/2) of the apter.	directors and each	of the officers	other than secre	etary or treasurer is a
Article IX: This application wi	•	•				
Please indicate if the follow	uing applies to	vour husiness eurorchini				
Veteran Owned						
I/We declare under penalty of	f perjury under th	ne laws of the state of Kentucky that the	foregoing is true and	d correct.		
ipur Menta		Nupur Mehta		orporator		Dec 22, 2022
Signature of Incorporator		Printed Name	Title	9		Date
I, Corporation Service		, consent to ser	ve as the registered	agent on beha	If of the corpora	tion.
Print Name of Registered	Agent				,	12/21/2022
Melissa DeKoven		Melissa DeKoven		Assistant Secretary		
Signature of Registered Age	ent	Printed Name	Tit	е		Date