Organization ID # 1248993 State of origin KY Filing fee \$15.00

### **Commonwealth of Kentucky** Michael G. Adams, Secretary of State 1248993.09

ARP

Michael G. Adams Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

2025 Annual Report Due June 30, 2025 Filing Fee \$15.00

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/2/2025 12:29 PM Fee Receipt: \$15.00

Exact professional service corporation name and principal office address HEYDAY HEALTH MEDICAL GROUP KENTUCKY. P.S.C. 312 S. FOURTH STREET

**SUITE 700 LOUISVILLE KY 40202** 

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at https:// sosbes.sos.ky.gov/bussearchnprofile/search.aspx or forms can be downloaded from our website.

#### Registered Agent and Registered Office Address

CORPORATION SERVICE COMPANY **421 WEST MAIN STREET** FRANKFORT, KY 40601

		Corporations are required to list a Secretary or other officer serving as records custodian		
President	NUPUR MEHTA	5110 41st Street NW, Washi	5110 41st Street NW, Washington, DC 20016	
Directors - List the	e name And address of all directors (if a	onlicable) No listing of directors is verification that the	corporation has dispensed with directors. If Not specified,	
	ult to the principal office address.	phoable). No listing of directors is verification that the t	sorporation has dispensed with directors. If Not specified,	
		<b>44///////////////////////////////////</b>		
Shareholders - ı	ist the <b>name and address</b> of the corpor	ation's shareholders. If not specified, shareholder addr	resses default to the principal office address.	
NUPUR MEHTA		5110 41st Street NW, Washington, DC 20016		
			- // ^ ( / /	
7.7				
Nupur Mehta		President	04/01/2025	
Signature of office	er Or chairman of the board (Required)	Title (Required)	Date (Required)	

#### Certificate of Professional Service Corporation

I, president of said corporation, certify that all the shareholders, Not less than half of the directors, And all officers other than secretary And treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 And a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: https://web.sos.ky.gov/fasttrack/FileARP.aspx/?ctr=1260736 OR sign and return to the Office with the required \$15.00 filing fee To file via mail

- Confirm the information Is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- Include the signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer)
- If you file and pay online, do not return this document to the Secretary of State.

## Heyday Health Medical Group Kentucky P-KY-Annual Report (3) (1)

Final Audit Report 2025-04-01

Created: 2025-04-01

By: Sally King (sally@heydayhealth.com)

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