

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

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**Certificate of Authority**

**FBE**

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 entity is a **profit corporation**.

2. The name of the entity is

**ESSENCE HEALTHCARE PPO, INC.**

3. The state or country under whose law the entity is organized is **Missouri**.

4. The date of organization is **2/15/2022** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**13900 Riverport Drive, Maryland Heights, MO 63043**

6. The street address of the entity's registered office in Kentucky is

**306 West Main Street, Suite 512, Frankfort, KY 40601**

and the name of the registered agent at that office is **C T Corporation System**.

7. The names and business addresses of the entity's representatives:

<b>Secretary</b>	Gail Halterman	13900 Riverport Maryland Heights Drive	MO	63043
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8. This application will be effective on **Wednesday, May 1, 2024**.

As the Authorized Representative, I, **Gail Halterman**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**

I, **Denise Bell**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this profit corporation company.