

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

P101  
1417797.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
12/29/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

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 **professional service corporation**.

2. The name of the entity is

**Iris Medical Group PC**

3. The name of the entity to be used in Kentucky is

**Iris Medical Group PROFESSIONAL SERVICE CORPORATION**

4. The state or country under whose law the entity is organized is **Tennessee**.

5. The date of organization is **3/8/2022** and the period of duration is **perpetual**.

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

**1131 Magnolia St Ste 1, Bowling Green, KY 42103**

7. The name of the initial registered agent is

**Joel Parker**

and the street address of the entity's initial registered office in Kentucky is

**1131 Magnolia St Ste 1, Bowling Green, KY 42103**

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

<b>Registered Agent</b>	Joel Parker	1131 Magnolia St Ste 1, Bowling Green, KY 42103
<b>Officer</b>	Joel Parker	1131 Magnolia St Ste 1, Bowling Green, KY 42103
<b>Authorized Rep</b>	Joel Parker	1131 Magnolia St Ste 1, Bowling Green, KY 42103

9. As a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, And all Of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia To render a professional service described in the statement of purposes of the corporation.

10. This filing will be effective on **Sunday, December 29, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Adams**  
**Parker**

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I, **Joel Parker**, consent to sign for **Joel Parker**  
Registered Agent on behalf of this entity on **12/29/2024**  
2024.

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