

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1441597.09
Michael G. Adams
Secretary of State
Received and Filed
3/26/2025 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 **profit corporation**.

2. The name of the entity is

AMERICAS MEDICAL CENTER INC

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

4. The date of organization is **3/26/2025** and the period of duration is **perpetual**.

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

4243 hunt rd suite 402, blue ash, OH 45242

6. The name of the initial registered agent is

Robert Herbst

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

302 6th ave, dayton, KY 41074

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

Officer Robert Herbst 4243 Hunt Rd, suit 402, Blue Ash, OH 45242

8. This filing will be effective on **Wednesday, March 26, 2025**.

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 **President: Robert Herbst**

I, **Robert Herbst**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, March 26, 2025.