# Commonwealth of Kentucky
# Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes
Secretary of State
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## Certificate of Authority
### Foreign Business Entity

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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 limited liability company.
2. The name of the entity is **Atlantic Medical Limited Liability Company**.
3. The state or country under whose law the entity is organized is **Mississippi**.
4. The date of organization is **05/16/2012**.
5. The mailing address of the entity's principal office is **1068 Thousand Oaks Dr, Suite B, Hernando, MS 38632**.
6. The street address of the entity's registered office in Kentucky is **306 W. Main Street, Suite 512, Frankfort, KY 40601** and the name of the registered agent in that office is **National Registered Agents, Inc.**.
7. The names and business addresses of the entity's representatives:
8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
9. This application will be effective on filing.

Signature of Authorized Representative:
Jaci Tron

I, **National Registered Agents, Inc.**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

National Registered Agents, Inc.