

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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0914349.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
2/18/2015 9:47:34 AM
Fee receipt: \$50.00

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

Articles of Incorporation
Professional Service Corporation

KPS

For the purpose of forming a business corporation in Kentucky pursuant to KRS Chapters 271B and 274, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Middlesboro Chiropractic Injury and Rehab Center, PSC

Article II: The street address of the company's initial registered office in Kentucky is

312 South Fourth Street, Suite 700, Louisville, KY 40202

and the name of the initial registered agent at that address is **J. Gregory Troutman**

Article III: The mailing address of the company's initial principal office is

123 N. 19th Street, Suite 7, Middlesboro, KY 40965

Article IV: The profession to be practiced through the professional service corporation is:
Chiropractic Physician

Article V: The number of shares the corporation is authorized to issue is **1000**

Article VI: The name and mailing address of each incorporator is

Lisa Gregory 123 North 19th Street, Middlesboro, Kentucky 40965

Article VII: The name and residence addresses of the original shareholders of the professional service corporation are:

Lisa Gregory 123 North 19th Street, Middlesboro, Kentucky 40965

Article VIII: Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter.

Executed by the Incorporator on Wednesday, February 18, 2015

Name of Incorporator: **Lisa Gregory**

Signature of individual signing on behalf of Incorporator: **Lisa Gregory**

I, **J. Gregory Troutman**, consent to serve as the Registered Agent on behalf of the corporation.

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

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