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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: RX Plus Pharmacy

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Adventist Health System Sunbelt Healthcare Corporation

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

a Domestic General Partnership

a Foreign General Partnership

a Domestic Limited Liability Partnership

a Foreign Limited Liability Partnership

a Domestic Limited Partnership

a Foreign Limited Partnership

a Domestic Business Trust

a Foreign Business Trust

a Domestic Corporation

a Foreign Corporation

a Domestic Limited Liability Company

a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Florida

6. The mailing address is:

900 Hope Way Altamonte Springs Florida 32714
Street Address or Post Office Box Numbers City State Zip

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

[Signature] LYAN ADDISCOTT ASSISTANT SECRETARY 6/4/2021
Authorized Party Signature Printed Name Title Date