

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

C226

1410902.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
12/6/2024 3:07:01 PM  
Fee receipt: \$20

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

**Certificate of Assumed Name**

**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:

**ADVANCED SURGICAL INSTITUTE OF ELIZABETHTOWN**

2. The name of the business entity that is adopting the assumed name:

**CPS - ELIZABETHTOWN ASC LLC**

3. The entity is organized and existing in the state or country of **DE**

4. The mailing address is:

**223 Executive Drive, Louisville KY 40207**

This filing will be effective on **Friday, December 6, 2024.**

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

Signature of individual signing on behalf of **Legal Representative:**

**Lori M. Hayden**

12/6/2024 3:07:01 PM