

(Handwritten initials)

1324804.06 mmoore
ASN
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/12/2024 2:24 PM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. 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:

Florence Medical Pharmacy

1. The assumed name is: _____
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Bluegrass Healthcare Consultants, LLC.

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

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

- | | |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Domestic Statutory Trust | <input type="checkbox"/> a Foreign Statutory Trust |
| <input type="checkbox"/> a Domestic Limited Cooperative Association | <input type="checkbox"/> a Foreign Limited Cooperative Association |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Kentucky

5. The mailing address is:

PO Box 413	East Bernstadt	KY	40729
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.

(Handwritten Signature)

Derrick Helm Member 12/10/24

Authorized Party Signature Printed Name Title Date