



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1320909.06	mmoore ASN
Michael G. Adams Kentucky Secretary of State	
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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
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Kentucky Physical Therapy Services of Lexington.
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
Kentucky Physical Therapy Services of Lexington, LLC
Name must be identical to the name on record with the Secretary of State.)
- The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input 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 checked="" type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> 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 Kentucky.

6. The mailing address is:

901 Hugh Wallis Road South Lafayette LA 70508
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.

<u>Joshua L. Proffitt</u>	<u>Joshua L. Proffitt</u>	<u>President</u>	<u>12/08/2023</u>
<small>Authorized Party Signature</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>