#### 24227006

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0512111 Michael G. Adams Received and Filed

4/18/2023 11:25:52 AM Fee receipt: \$20.00

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

# Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### LANCASTER DIAGNOSTIC CENTER

2. The assumed name has been discontinued by:

### EMHFL, INC.

3. The date the origional certificate was filed:

Wednesday, March 24, 2021

The mailing address is: 4.

#### 217 SOUTH THIRD ST, DANVILLE KY 40422

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

**Tammy Meade Ensslin** 

4/18/2023