



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1320911.06	m Moore 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 at Richmond Place.
- 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 at Richmond Place, 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 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 foregoing 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>