

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

**Certificate of Renewal of
Assumed Name**

RAN

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

BLUEGRASS ORAL SURGERY AND DENTAL IMPLANT CENTER

2. The assumed name is being renewed by:

ROMEO N. LAUREANO, D.M.D, P.S.C.

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

4. The mailing address of the entity's principal office is

120 W STEPHEN FOSTER STE 107, BARDSTOWN, KY 40004

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 **Authorized Party:**

Romeo Laureano

5/31/2024