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COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of 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) Michael G. Adams Kentucky Secretary of State Received and Filed: 5/20/2022 11:28 AM Fee Receipt: \$20.00

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

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

HomeCare RX Inc

Name must be identical to the name on record with the Secretary of State.)	
3. The "real name" is (you must check one):a Domestic General Partnershipa Domestic Limited Liability Partnershipa Domestic Limited Partnershipa Domestic Business Trust	a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust
a Domestic Corporation a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association	X a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association

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 effective date is ______.

5. The business is organized and existing in the state or country of New Jersey

6. The mailing address is:

PO Box 2578	Secaucus	NJ	07096
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.

DocuSigned by:				
Jiffany Scheppers	Tiffany Scheppers	Secretary	5/17/2022	
Authorized Party Signature	Printed Name	Title	Date	