



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**0497417.12**mmoore  
WTH

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 6/28/2024 2:55 PM  
 Fee Receipt: \$20.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Withdrawal of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**CWA**

Pursuant to the provisions of KRS 365, 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 The assumed name to be withdrawn is Bourbon Neurology  
 (The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been discontinued by Bourbon Physician Practice, LLC  
 (Must be the exact name of the entity or partners)
3. This application will be effective upon filing.
4. The date the original certificate was filed: 2/3/2021
5. 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 type="checkbox"/> a Domestic Limited Liability Company	<input checked="" type="checkbox"/> a Foreign Limited Liability Company

6. The mailing address is:

330 Seven Springs Way	Brentwood	TN	37027
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

DocuSigned by:

B92A4AD58CE5427...

CHARLOTTE LAWRENCE

SECRETARY

05/06/2024

**Signature of Authorized Party****Printed Name****Title****Date**