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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/4/2024 2:11 PM

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Date



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	718 (Domestic or Foreign Busin			RA	RAN	
Pursuant to the provisions of KR the following statements:	S 365, the undersigned a	applies to re	enew an assumed nam	e and, f	or that purpose, submit	s
This certifies that the assume Bourbon Medical Group	d name of the business of	entity is:				
2. The assumed name is being	renewed by:					ō.
Bourbon Physician Practice, LI (The "real name" of entity or partne						
3. The "real name" is (you must c						
a Domestic General Partnership			a Foreign General Pa	rtnershi	р	
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership			
a Domestic Limited Partnership			a Foreign Limited Partnership			
a Domestic Business Trust			a Foreign Business Trust			
a Domestic Corporation			a Foreign Corporation			
a Domestic Limited Liability Company			a Foreign Limited Liability Company			
a Domestic Statutory Trust			a Foreign Statutory Trust			
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association			
a Domestic Unincorpora	ted Non-profit Associatio	n	a Foreign Unincorpor	ated No	n-profit Association	
4. The business entity is organize	ed and existing in the sta	ate or coun	ry of Delaware			
5. The mailing address of the bu						
330 Seven Springs Way		Brentwood	Т	'N	37027	
Street Address or Post Office Box Nu	mbers	City	S	tate	Zip	
I declare under penalty of perjury	under the laws of Kentu	cky that the	e forgoing is true and c	orrect.		
Signed by:						
Charlotte Lawrence		CHARLOTTE	LAWRENCE, SECRETARY		11/28/2024	

Printed Name

Signature of Authorized Party