

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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1064717.06
Michael G. Adams
Secretary of State
Received and Filed
9/3/2024 10:49:42 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Assumed Name

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:

CONCIERGE PELVIC THERAPY

2. The name of the business entity that is adopting the assumed name:

Vantage Point Therapy LLC

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

4. The mailing address is:

2177 MILLVALE RD, LOUISVILLE KY 40205

This filing will be effective on **Tuesday, September 3, 2024.**

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 **Owner: Mercedes D Andrade-Collins**

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