#### 39157425

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0938918 Michael G. Adams Received and Filed

4/1/2024 8:48:48 AM Fee receipt: \$20.00

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

## Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), 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 The assumed name to be withdrawn is:

### MED CENTER HEALTH PRIMARY CARE ALBANY

2. The assumed name has been discontinued by:

### THE MEDICAL CENTER AT CLINTON COUNTY, INC.

The date the origional certificate was filed: 3.

Friday, January 29, 2021

The mailing address is: 4.

#### 800 PARK STREET, BOWLING GREEN KY 42101

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

Jonathan B. Blick

4/1/2024