

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0854020.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/22/2024 9:26 AM

Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602		ertificate of Assumed Name Domestic or Foreign Business Entity)	
(502) 564-3490 www.sos.ky.gov			
lollowing statement.	365, the undersigned applies to as		purpose, submits the
	ty (and in the case of general partne		are adopting the assumed
name:		result, and parations, and to	are daspung the accumed
ONE PEDIATRICS, PLLC			
Name must be identical to the name	e on record with the Secretary of Stat	e.)	
a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statutor a Domestic Limited	Il Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association	a Foreign General Pa a Foreign Limited Lial a Foreign Limited Par a Foreign Business T a Foreign Corporation a Foreign Limited Lial a Foreign Statutory T a Foreign Limited Coo a Foreign Unincorpora	bility Partnership rtnership rust n bility Company rust
6425 BARDSTOWN ROAD	LOUISVILLE	KY	40291
Street Address or Post Office Box N	Numbers City	State	Zip
I declare under penalty of perjury to	under the laws of Kentucky that the	forgoing is true and correc	t.
Authorized Party Signature	MAURICE K. ALLGEIER, III, N		
Authorized Farty Signature	Printed Name	Title	Date