



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

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: **SPRINGS PEDIATRICS**

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

ONE PEDIATRICS, PLLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- ☐ a Domestic General Partnership
- ☐ a Domestic Limited Liability Partnership
- ☐ a Domestic Limited Partnership
- ☐ a Domestic Business Trust
- ☐ a Domestic Corporation
- ☒ a Domestic Limited Liability Company
- ☐ a Domestic Statutory Trust
- ☐ a Domestic Limited Cooperative Association
- ☐ a Domestic Unincorporated Non-profit Association

- ☐ a Foreign General Partnership
- ☐ a Foreign Limited Liability Partnership
- ☐ a Foreign Limited Partnership
- ☐ a Foreign Business Trust
- ☐ a Foreign Corporation
- ☐ a Foreign Limited Liability Company
- ☐ a Foreign Statutory Trust
- ☐ a Foreign Limited Cooperative Association
- ☐ a Foreign Unincorporated Non-profit Association

4. The business is organized and existing in the state or country of **KENTUCKY**

5. The mailing address is:

6425 BARDSTOWN ROAD

LOUISVILLE

KY

40291

Street Address or Post Office Box Numbers

City

State

Zip

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

Authorized Party Signature

MAURICE K. ALLGEIER, III, MD

Printed Name

PRESIDENT FEBURARY 20, 2024

Title

Date