Division of Business Filings



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1049421.09

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/1/2024 11:10 AM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed N (Domestic or Foreign Busines		ASN
following statement:	S 365, the undersigned applies to as	ssume a name and, for tha	t purpose, submits the
1. The assumed name is:	is dovernment starring	· · · · · · · · · · · · · · · · · · ·	·
2. The name of the business enti	ity (and in the case of general partn	ership, the partners) that is	/are adopting the assumed
name:			
Amergis Healthcare Staffing, Inc.			
Name must be identical to the name	e on record with the Secretary of Sta	ate.)	
3. The "real name" is (you must ${\sf ch}$	eck one):		
a Domestic General Partnership		a Foreign General Partnership	
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		X 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 Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Ass		rated Non-profit Association	
4. The business is organized and	d existing in the state or country of _	Maryland	
5. The mailing address is:			
7223 Lee DeForest Drive	Columbia	Maryland	21046
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the		
Carrie V. OBrien	Carrie O'Brien	Secretary	04/01/2024
Authorized Party Signature	Printed Name	Title	Date