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

COMMONWEALTH OF KENTUCKY				
MICHAEL G. ADAMS, SECRETARY OF STATE				

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Na (Domestic or Foreign Business		ASN	
following statement: Amergi	365, the undersigned applies to as s Revenue Cycle Services	sume a name and, for that	purpose, submits the	
1. The assumed name is:				
2. The name of the business entit	y (and in the case of general partne	rship, the partners) that is/a	are adopting the assumed	
name:				
Amergis Healthcare Staffing, Inc.			· · · · · · · · · · · · · · · · · · ·	
	e on record with the Secretary of Stat	ie.)		
3. The "real name" is (you must che				
a Domestic Genera	•	a Foreign General Partnership		
	a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership	
a Domestic Limited	•	a Foreign Limited Partnership		
a Domestic Busines	3			
a Domestic Corpora				
a Domestic Limited Liability Company a Foreign Limited Liability Company			• • •	
a Domestic Statutory Trust a Foreign Statutory Trust				
	stic Limited Cooperative Association a Foreign Limited Cooperative Association			
a Domestic Unincor	porated Non-profit Association	a Foreign Unincorpora	ated Non-profit Association	
	existing in the state or country of $_^{ m M}$	laryland		
5. The mailing address is:				
7223 Lee DeForest Drive	Columbia	Maryland	21046	
Street Address or Post Office Box I	Numbers City	State	Zip	
I declare under penalty of perjury	under the laws of Kentucky that the			
Carrie V. OBrier	Carrie O'Brien	Secretary	04/01/2024	
Authorized Party Signature	Printed Name	Title	Date	