

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 11:12 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 Name (Domestic or Foreign Business Entity)			ASN	
following statement:	S 365, the undersigned applies to a	ssume a nan	ne and, for that	purpose, submits the	
1. The assumed name is:	Worx			·	
2. The name of the business enti	ity (and in the case of general partn	ership, the p	artners) 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 ch	eck one):				
a Domestic Genera	a Fore	a Foreign General Partnership			
a Domestic Limited	a Fore	a Foreign Limited Liability Partnership			
a Domestic Limited	a Foreign Limited Partnership				
a Domestic Busine		a Foreign Business Trust			
a Domestic Corpor		a Foreign Corporation			
a Domestic Limited	a Foreign Limited Liability Company				
a Domestic Statutory Trust			a Foreign Statutory Trust		
a Domestic Limited	a Foreign Limited Cooperative Association				
a Domestic Unincorporated Non-profit Association a Foreign I			ign Unincorpor	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. O'Brien	Carrie O'Brien	Secretar	-	04/01/2024	
Authorized Party Signature	Printed Name		Title	Date	