

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE ASN Michael G. Adams Kentucky Secretary of State Received and Filed: 5/15/2023 2:31 PM Fee Receipt: \$20.00

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Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov			ty)	ASN
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to	assume	e a name and, for that pu	urpose, submits the
1. The assumed name is: OneDigi	tal Advanced Health			
2. The name of the business entit	y (and in the case of general par	tnership	, the partners) that is/are	e adopting the assumed
name:				
OneDigital Medicare Services LLC				
Name must be identical to the name on record with the Secretary of State.)				
<ul> <li>3. The "real name" is (you must check one):</li> <li>a Domestic General Partnership</li> <li>a Domestic Limited Liability Partnership</li> <li>a Domestic Business Trust</li> <li>a Domestic Corporation</li> <li>a Domestic Limited Liability Company</li> <li>a Domestic Statutory Trust</li> <li>a Domestic Limited Cooperative Association</li> <li>a Domestic Unincorporated Non-profit Association</li> </ul>			<ul> <li>a Foreign General Partnership</li> <li>a Foreign Limited Liability Partnership</li> <li>a Foreign Limited Partnership</li> <li>a Foreign Business Trust</li> <li>a Foreign Corporation</li> <li>_x a Foreign Limited Liability Company</li> <li>a Foreign Statutory Trust</li> <li>a Foreign Limited Cooperative Association</li> <li>a Foreign Unincorporated Non-profit Association</li> </ul>	
4. The business is organized and	existing in the state or country o	of Delaw	vare	
5. The mailing address is:				
200 Galleria Pkwy, Ste 1950	Atlanta		GA	30339
Street Address or Post Office Box I	Numbers C	City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that t	the forgo	bing is true and correct.	

 Chuck Ristau
 CHUCK RISTAU
 MANAGER
 04/14/2023

 Authorized Party Signature
 Printed Name
 Title
 Date