#### 12301638

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Certificate of Renewal of **Assumed Name**

RAN

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

### KENTUCKIANA RHEUMATOLOGY

2. The assumed name is being renewed by:

## KENTUCKIANA CENTER FOR BETTER BONE & JOINT HEALTH, PLLC

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

KY.

4. The mailing address of the business entity is:

### 100 E. LIBERTY STREET, LOUISVILLE KY 40202

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> C. Dean Furman, Jr. 6/27/2023