

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Secretary of State  
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**Amended Certificate of Authority**

**FCA**

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

1. The business entity is a **profit corporation (KRS 271B)**.

2. The name of the business entity is:

**Omni Community Health Inc.**

3. The entity is organized and existing in the state or country of **Tennessee**

4. The entity received authority to transact business in Kentucky on **8/9/2016**.

5. This filing will be effective on **Wednesday, January 1, 2025**.

6. The entity has changed its

Domicile name to **Omni Family of Services Tennessee, Inc.**

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

Signature of individual signing on behalf of **Corporate Secretary:**  
**Gwen Adkisson**