

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1183839.06

kdcoleman ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 11/3/2022 12:09 PM 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 N (Domestic or Foreign Busines		ASN
Pursuant to the provisions of KRS following statement:	S 365, the undersigned applies to a	ssume a name and, for that	purpose, submits the
1. The assumed name is: Retina	Associates of Kentucky		
2. The name of the business ent	ity (and in the case of general partr	nership, the partners) that is/	are adopting the assumed
name:			
ECP Ophthalmology Services, LLC			
	ne on record with the Secretary of St	ate.)	
3. The "real name" is (you must ch	neck one):	_	
a Domestic General Partnershipa Foreign General Partnership			rtnership
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership			2000 Miles
a Domestic Limited Partnershipa Foreign Limited Partnership			
a Domestic Busine	ess Trust	a Foreign Business T	rust
a Domestic Corporationa Foreign Corporation			
a Domestic Limited Liability Companya Foreign Limited Liability Company			bility Company
a Domestic Statutory Trusta Foreign Statutory Trust			rust
a Domestic Limited Cooperative Associationa Foreign Limited Cooperative Association			
a Domestic Uninco	orporated Non-profit Association	a Foreign Unincorpor	ated Non-profit Association
The business is organized and	d existing in the state or country of	Delaware	
5. The mailing address is:			
15933 Clayton Road, #210	Ballwin	МО	63011
Street Address or Post Office Box	Numbers Cir	ty State	Zip
I declare under penalty of perjury	under the laws of Kentucky that th Chris Feldmeir	e forgoing is true and correct Vice President	t. 7/20/2022
Authorized Party Signature	Printed Name	Title	Date

Authorized Party Signature