



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
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**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Renewal of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**RAN**

Pursuant to the provisions of KRS 365, the undersigned 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:

Lebanon Physicians for Women - Spring View

2. The assumed name is being renewed by:

Spring View Physician Practices, LLC

(The "real name" of entity or partners)

3. The "real name" is (you must check one):

a Domestic General Partnership  
 a Domestic Limited Liability Partnership  
 a Domestic Limited Partnership  
 a Domestic Business Trust  
 a Domestic Corporation  
 a Domestic Limited Liability Company  
 a Domestic Statutory Trust  
 a Domestic Limited Cooperative Association  
 a Domestic Unincorporated Non-profit Association

a Foreign General Partnership  
 a Foreign Limited Liability Partnership  
 a Foreign Limited Partnership  
 a Foreign Business Trust  
 a Foreign Corporation  
 X a Foreign Limited Liability Company  
 a Foreign Statutory Trust  
 a Foreign Limited Cooperative Association  
 a Foreign Unincorporated Non-profit Association

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

5. The mailing address of the business entity is:

330 Seven Springs Way	Brentwood	TN	37027
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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

Signed by:

CHARLOTTE LAWRENCE, SECRETARY

03/28/2025

Signature of Authorized Party

Printed Name

Date