



**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:  
Spring View Medical Group

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 Foreign General Partnership   |
| a Domestic Limited Liability Partnership         | a Foreign Limited Liability Partnership                                 |
| a Domestic Limited Partnership                   | a Foreign Limited Partnership   |
| a Domestic Business Trust                        | a Foreign Business Trust  |
| a Domestic Corporation                           | a Foreign Corporation   |
| a Domestic Limited Liability Company             | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |
| a Domestic Statutory Trust                       | a Foreign Statutory Trust   |
| a Domestic Limited Cooperative Association       | a Foreign Limited Cooperative Association                               |
| a Domestic Unincorporated Non-profit 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  
B92A4AD58CE5427...

CHARLOTTE LAWRENCE, SECRETARY

11/28/2024

**Signature of Authorized Party**

**Printed Name**

**Date**