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Michael G. Adams Kentucky Secretary of State Received and Filed:

1/25/2024 3:00 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN	
following statement:	365, the undersigned applies to as umberland Lung Specialists	ssum	e a name and, for tha	t purpose, submits the	
The assumed name is:	uniberialid Eding Specialists			·	
2. The name of the business entit	ty (and in the case of general partne	ershi	p, the partners) that is	s/are adopting the assumed	
name:					
Lake Cumberland Physician Practice	s, LLC				
Name must be identical to the name	e on record with the Secretary of Sta	ite.)	H		
3. The "real name" is (you must che	eck 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 X			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 is organized and existing in the state or country of					
5. The mailing address is:					
330 SEVEN SPRINGS WAY,	Brentwood		TN	37027	
Street Address or Post Office Box Numbers City			State	Zip	
I declare under penalty of perjury Docusigned by: Chanotte Lawrence	under the laws of Kentucky that the Charlotte Lawrence		going is true and corre	ct. 1/25/2024	
B92A4AD58CE5427 Authorized Party Signature	Printed Name		Title	Date	