



**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:

Cardiothoracic Surgical Associates of Lake Cumberland

2. The assumed name is being renewed by:

Lake Cumberland 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  
☒ 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

**Street Address or Post Office Box Numbers** **City** **State** **Zip**

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

Signed by:

*Charlotte Lawrence*

Charlotte Lawrence

2/4/2025

**Signature of Authorized Party**

**Printed Name**

**Date**