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Michael G. Adams Kentucky Secretary of State	
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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:

Bluegrass Medical Group

2. The assumed name is being renewed by:

Kentucky MSO, LLC

(The "real name" of entity or partners)

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

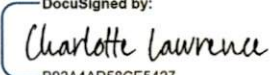
- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic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

<u>330 Seven Springs Way</u>	<u>Brentwood,</u>	<u>TN</u>	<u>37027</u>
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.

<small>DocuSigned by:</small> 	<u>Charlotte Lawrence</u>	<u>11/17/2023</u>
Signature of Authorized Party	Printed Name	Date