

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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mmoore ASN

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

11/4/2024 2:43 PM Fee Receipt: \$20.00

11/4/2024

Date

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)					KAN
Pursuant to the provisions of KR: the following statements:	S 365, the undersigned a	pplies to re	new an assumed n	ame and, fo	that purpose, s	submits
1. This certifies that the assume	d name of the business e	entity is:				
Georgetown Bariatrics and Adv	anced Surgical Services					·
2. The assumed name is being to Kentucky MSO, LLC (The "real name" of entity or partne						·
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 Associa		on	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 organi	zed and existing in the st	ate or coun	ry of			
5. The mailing address of the b	usiness entity is:					
330 Seven Springs Way		Brentwood		TN	37027	
Street Address or Post Office Box Numbers		City		State	Zip	
I declare under penalty of perjui	ry under the laws of Kenti	ucky that th	e forgoing is true a	and correct.		

Charlotte Lawrence

Printed Name

Charlotte Lawrence

B92A4AD58CE5427

Signature of Authorized Party