

0466843.12

mmoore  
WTH

**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
11/14/2024 3:00 PM  
Fee Receipt: \$20.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Withdrawal of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name to be withdrawn is Georgetown Bariatrics and Advanced Surgical Services.  
(The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been discontinued by Kentucky MSO, LLC.  
(Must be the exact name of the entity or partners)
3. This application will be effective upon filing.
4. The date the original certificate was filed: 11/4/2024
5. 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

6. The mailing address 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:

B92A4AD58CE5427...

Charlotte Lawrence

Secretary  
Secretary

11/14/2024

**Signature of Authorized Party****Printed Name****Title****Date**