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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/28/2024 3:08 PM Fee Receipt: \$20.00

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 Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

CWA

	ursuant to the provisions of KRS 365, the unders ubmits the following statements:	signed applicant a	pplies to withdraw an assumed name a	nd, for that purpose,	
1	he assumed name to be withdrawn is Gastroenterology & Hepatology of the Bluegrass - Winchester				
• •		ne must be identical	to the name on record with the Secretary of S	tate.)	
2	The assumed name has been discontinued by	Kentucky MSO, LI	LC		
۲.	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: $_4$	/23/2013			
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 Partnershi	p	
	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	×	a Foreign Limited Liability Company		
6.	The mailing address is:				
3	30 Seven Springs Way	Brentwood	TN	37027	
St	reet 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.

ture of Authorized Party	Printed Name	Title	Date
DocuSigned by: (liarloffe Lawrence B92A4AD58CE5427	CHARLOTTE LAWRENCE	SECRETARY	05/06/2024

Signature of Authorized Party