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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/28/2024 3:05 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		of Withdrawa Foreign Busine	I of Assumed Name ss Entity)	CWA	
Pursuant to the provisions of K submits the following statemen		gned applicant a	pplies to withdraw an assumed nan	ne and, for that purpose,	
1. The assumed name to be w	ithdrawn is ^{Georgeto}	wn Cardiology - V	/ersailles		
		must be identical	to the name on record with the Secretary	of State.)	
2. The assumed name has be	en discontinued by	entucky MSO, LI	.C		
	(M	ust be the exact na	me of the entity or partners)		
3. This application will be effect	• •	12020			
4. The date the original certific	ate was filed:	/2020			
5. The "real name" is (you must	check one):				
a Domestic General Pa	artnership		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 Corporatio	n		a Foreign Corporation		
a Domestic Limited Lia	bility Company	×	a Foreign Limited Liability Compa	any	
6. The mailing address is:					
330 Seven Springs Way		Brentwood	TN	37027	
Street Address or Post Office Box N	umbers	City	State	Zip	

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

Signature of Authorized Party	Printed Name	Title	Date
DocuSigned by: Charlotte Lawrence B92A4AD58CE5427	CHARLOTTE LAWRENCE	SECRETARY	05/06/2024