



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

**0466843.12**mmore  
WTH

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 6/28/2024 3:03 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:

- The assumed name to be withdrawn is Georgetown Bariatrics and Advanced Surgical Services  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.)
- The assumed name has been discontinued by Kentucky MSO, LLC  
 (Must be the exact name of the entity or partners)
- This application will be effective upon filing.
- The date the original certificate was filed: 11/5/2014
- 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

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.

DocuSigned by:

CHARLOTTE LAWRENCE

SECRETARY

05/06/2024

**Signature of Authorized Party**

**Printed Name****Title****Date**