

0466843.12 dwilliams Michael G. Adams

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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 Renewal of Assumed Name RAN (Domestic or Foreign Business Entity)				
Pursuant to the provisions of KR the following statements:	S 365, the undersigned applies to	o renew a	an assumed name and	, for that purpose, submits	
1. This certifies that the assumed name of the business entity is:					
Georgetown Orthopaedics and Sports Medicine					
2. The assumed name is being	renewed by:				
Kentucky MSO, LLC					
(The "real name" of entity or partne	rs)				
3. The "real name" is (you must c	heck one):				
a Domestic General Partnership		a For	a Foreign General Partnership		
a Domestic Limited Liability Partnership		a For	a Foreign Limited Liability Partnership		
a Domestic Limited Partnership		a For	a Foreign Limited Partnership		
a Domestic Business Trust		a For	a Foreign Business Trust		
a Domestic Corporation		a For	a Foreign Corporation		
a Domestic Limited Liability Company		X a For	a Foreign Limited Liability Company		
a Domestic Statutory Trust		a For	a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a For	a Foreign Limited Cooperative Association		
a Domestic Unincorpora	ted Non-profit Association	a For	eign Unincorporated N	Ion-profit Association	
 The business entity is organiz The mailing address of the business o	zed and existing in the state or co usiness entity is:	ountry of _	Delaware		
330 Seven Springs Way	Brentwo	ood	TN	37027	
Street Address or Post Office Box Nu	mbers 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	Date
B92A4AD58CE5427		
Charlotte Lawrence	Charlotte Lawrence	10/10/2023
DocuSigned by:		