

MICHAEL G. ADAMS, SECRETARY OF STATE

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tsemones ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/6/2022 3:54 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed (Domestic or Foreign Busin		201 - Contract - Contr		ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is:		ies to as	ssume a name ar	id, for that purpos	e, submits the
The real name of the business assumed name:	entity (and in the case of gener	al partn	ership, the partne	ers) that is/are add	opting the
PineLake Physician Practice, LLC					
Name must be identical to the real	name on record with the Secreta	rv of Sta	te.)		
3. The entity type is (you must chee			,		
a Domestic Genera			a Foreign Gene	ral Partnership	
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		rship
a Domestic Limited Partnership			a Foreign Limited Partnership		lomp
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation			a Foreign Corpo		
a Domestic Limited Liability Company		\times	a Foreign Limited Liability Company		
a Domestic Statutory Trust			a Foreign Statutory Trust		
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association		ssociation
a Domestic Unincorporated Non-profit Association			a Foreign Uninc	corporated Non-p	rofit Association
4. The entity is organized and exi	sting in the state or country of <u>I</u>	Delaware	1		
5. The mailing address is:					
330 Seven Springs Way	Brentwood		TN	37027	
Street Address or Post Office Box	Numbers	City		State Z	ip

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

B92A4AD58CE5427				_
Charlotte Lawrence	Charlotte Lawrence	Secretary	12/5/2022	

(7/20)