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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/20/2024 3:45 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Renewal of Assumed Name (Domestic or Foreign Business Entity)			F	RAN
Pursuant to the provisions of KR the following statements:	S 365, the undersigned applies	to renew an assum	ed name and, f	or that purpose, sub	mits
1. This certifies that the assume	d name of the business entity is	:			
Jackson Purchase Urology					
The assumed name is being r PineLake Physician Practice, LLC	,				
(The "real name" of entity or partner					
3. The "real name" is (you must of a Domestic General Part a Domestic Limited Liabi a Domestic Limited Part a Domestic Business True a Domestic Corporation a Domestic Limited Liabi a Domestic Statutory True a Domestic Limited Coop a Domestic Unincorporat 4. The business entity is organiz 5. The mailing address of the business of the business entity is organiz	tnership flity Partnership flity Company flity Company flity Company flity Company flits flity Association flet Non-profit Association flet and existing in the state or company floating	a Foreign Lim a Foreign Bus a Foreign Cor X a Foreign Lim a Foreign Lim a Foreign Stat a Foreign Limi a Foreign Unir	poration ited Liability Co utory Trust ited Cooperativ	rtnership o mpany	
330 Seven Springs Way	Brentwe	ood	TN	37027	
Street Address or Post Office Box Nun	nbers City		State	Zip	
I declare under penalty of perjury DocuSigned by: Lawrence B92A4AD58CE5427 Signature of Authorized Party		te Lawrence		6/19/2024	
orginature of Authorized Party	Printed N	iaiiie	D	ate	