

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed:

7/15/2024 2:12 PM Fee Receipt: \$20.00

7/11/2024

Date

P.C Fra (50	ision of Business Filings). Box 718 nkfort, KY 40602 2) 564-3490 w.sos.ky.gov		Renewal of Assumed Name RAN eign Business Entity)				
Pu the	rsuant to the provisions of KR of following statements:	RS 365, the undersigned a	pplies to re	new an assume	ed name and, fo	r that purpose, submits	
1.	This certifies that the assume						
0.5	To Const. In the contract was an electronic and provide an electronic	Jackson Purchase Primary Care Hussain Clinic					
2.	The assumed name is being renewed by: PineLake Physician Practice, LLC						
7	The "real name" of entity or partne	ers)					
3.	The "real name" is (you must check one):						
	a Domestic General Partnership			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 Corporation			a Foreign Corporation			
	a Domestic Limited Liability Company		×	a Foreign Limited Liability Company			
	a Domestic Statutory Trust			a Foreign Statutory Trust a Foreign Limited Cooperative Association			
	a Domestic Limited Cooperative Association						
	a Domestic Unincorporated Non-profit Association		n	a Foreign Unincorporated Non-profit Association			
4.	The business entity is organized and existing in the state or country of						
5.	The mailing address of the t	business entity is:					
330 SEVEN SPRINGS WAY			BRENTWOOD		TN	37027	
Street Address or Post Office Box Numbers			City		State	Zip	

Charlotte Lawrence

Printed Name

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

Charlotte Lawrence

-892A4AD58CE5427.

Signature of Authorized Party