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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/4/2024 2:13 PM Fee Receipt: \$20.00

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 (Domestic or Foreign Business Entity)

RAN

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is: Jackson Purchase Medical Group

2. The assumed name is being renewed by:

Pir	neLake Physician Practice, LLC			
(TI	ne "real name" of entity or partners)			
3. T	he "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	\times	a Foreign Limited Liability Company	
	a Domestic Statutory Trust		a Foreign Statutory Trust	
	a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association	
	a Domestic Unincorporated Non-profit Association		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 business entity is:

330 Seven Springs Way	Brentwood	TN	37027
Street Address or Post Office Box Numbers	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	
Signed by: Clianoffe Lawrence B92A4AD58CE5427	CHARLOTTE LAWRENCE, SECRETARY	11/28/2024	