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Michael G. Adams
Kentucky Secretary of State
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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
(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:

Lake Cumberland Sleep Disorder Center

2. The assumed name is being renewed by:

Lake Cumberland Regional Hospital, LLC

(The "real name" of entity or partners)

3. The "real name" is (you must check one):

a Domestic General Partnership

a Domestic Limited Liability Partnership

a Domestic Limited Partnership

a Domestic Business Trust

a Domestic Corporation

a Domestic Limited Liability Company

a Domestic Statutory Trust

a Domestic Limited Cooperative Association

a Domestic Unincorporated Non-profit Association

a Foreign General Partnership

a Foreign Limited Liability Partnership

a Foreign Limited Partnership

a Foreign Business Trust

a Foreign Corporation

☒ a Foreign Limited Liability Company

a Foreign Statutory Trust

a Foreign Limited Cooperative Association

a Foreign Unincorporated Non-profit Association

4. The business entity is organized and existing in the state or country of Delaware

5. The mailing address of the business entity is:

330 Seven Springs Way

Brentwood

TN

37207

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.

DocuSigned by:

Charlotte Lawrence

Charlotte Lawrence

4/4/2023

Signature of Authorized Party

Printed Name

Date