



**COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE**

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Michael G. Adams
Kentucky Secretary of State
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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 Wound Care Center and Hyperbaric Medicine

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:

<u>330 Seven Springs Way</u>	<u>Brentwood</u>	<u>TN</u>	<u>37027</u>
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.

Signed by:
Charlotte Lawrence
Signature of Authorized Party

CHARLOTTE LAWRENCE, SECRETARY 01/09/2024
Printed Name Date