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Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 1/17/2025 2:39 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:

Lake Cumberland Regional Hospital

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 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 | <input checked="" type="checkbox"/> 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 Delaware

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 foregoing is true and correct.

Signed by:

Charlotte Lawrence

CHARLOTTE LAWRENCE, SECRETARY 01/09/2024

Signature of Authorized Party

Printed Name

Date