

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

0465547.06

mmoore ASN

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

**Date** 

Title

12/12/2024 2:39 PM Fee Receipt: \$20.00

| Division of Business Filings<br>Business Filings<br>P.O. Box 718,<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov                                                                                                                                                                                                                                             | Certificate of Assumed Name (Domestic or Foreign Business Entity)  ASN |         |                                                                                                                                                                                                                                                                                                            |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|
| following statement:                                                                                                                                                                                                                                                                                                                                                     | S 365, the undersigned applies to a Kentucky Pain and Spine, a Departm |         |                                                                                                                                                                                                                                                                                                            |                        |  |
| The name of the business enti<br>name:                                                                                                                                                                                                                                                                                                                                   | ty (and in the case of general part                                    | nershi  | o, the partners) that is/are                                                                                                                                                                                                                                                                               | e adopting the assumed |  |
| Georgetown Community Hospital, L                                                                                                                                                                                                                                                                                                                                         | e on record with the Secretary of S                                    | tate.)  |                                                                                                                                                                                                                                                                                                            |                        |  |
| 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 is organized and                                                                                                                                                                                                                                                                                                                                          | d existing in the state or country of                                  | Delav   | vare                                                                                                                                                                                                                                                                                                       |                        |  |
| 5. The mailing address is:                                                                                                                                                                                                                                                                                                                                               | ,                                                                      |         |                                                                                                                                                                                                                                                                                                            |                        |  |
| 330 Seven Springs Way                                                                                                                                                                                                                                                                                                                                                    | Brentwood                                                              |         | TN                                                                                                                                                                                                                                                                                                         | 37027                  |  |
| Street Address or Post Office Box                                                                                                                                                                                                                                                                                                                                        | Numbers C                                                              | ity     | State                                                                                                                                                                                                                                                                                                      | Zip                    |  |
| I declare under penalty of perjury                                                                                                                                                                                                                                                                                                                                       | under the laws of Kentucky that t                                      | he forg | going is true and correct.                                                                                                                                                                                                                                                                                 |                        |  |
| Charlotte Lawrence                                                                                                                                                                                                                                                                                                                                                       | Charlotte Lawrence                                                     |         | Secretary                                                                                                                                                                                                                                                                                                  | 12/11/2024             |  |

**Printed Name** 

-B92A4AD58CE5427...

**Authorized Party Signature**