

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Certificate of Renewal of  
Assumed Name**

**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. The assumed name is:

**CLINICAL PATHOLOGY ASSOCIATES**

2. The assumed name is being renewed by:

**CLINICAL ASSOCIATES, INC.**

3. The entity is organized and existing in the state or country of **KY**.

4. The mailing address of the entity's principal office is

**4967 US HWY 42 SUITE 101, LOUISVILLE, KY 40222**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Party:**

**Tracey Maxwell**

6/10/2024