

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

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Michael G. Adams  
Secretary of State  
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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:

**MEDICAL ASSOCIATES OF SOUTHEAST KENTUCKY**

2. The assumed name is being renewed by:

**NEERAJ MAHBOOB INTERNAL MEDICINE, P.S.C.**

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

**515 MEMORIAL DRIVE; SUITE 3, MANCHESTER, KY 40962**

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:**

**NEERAJ MAHBOOB**

3/23/2025