

**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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Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**COMMUNITY EAR NOSE AND THROAT, A DIVISION OF ENT CARE  
CENTERS, PLLC**

2. The assumed name has been discontinued by

**ENT Care Centers, PLLC**

3. This filing will be effective on **Wednesday, February 26, 2025.**

4. The date the original certificate was filed:

**Monday, March 14, 2022**

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

**6240 DUTCHMANS PARKWAY SUITE 380, LOUISVILLE, KY 40205**

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

Signature of individual signing on behalf of **Board President:**

**Thomas Higgins, MD**

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