

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

C227

0074559.04  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/20/2025 8:59:14 AM  
Fee receipt: \$20

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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:

**ST. ELIZABETH HEALTH PARTNERS**

2. The assumed name is being renewed by:

**SAINT ELIZABETH MEDICAL CENTER, 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

**ATTN: LISA FREY, EDGEWOOD, KY 41017**

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: Lisa Frey**

1/20/2025