



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

**0403360.06** mmoore  
ASN  
**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
2/12/2025 5:18 PM  
Fee Receipt: \$20.00

**Division of Business Filings**  
**Business Filings**  
P.O. Box 718,  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Certificate of Assumed Name** **ASN**  
**(Domestic or Foreign Business Entity)**

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement: EAST LOUISVILLE DERMATOLOGY

1. The assumed name is: \_\_\_\_\_.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
ASSOCIATES IN DERMATOLOGY, PLLC

**Name must be identical to the name on record with the Secretary of State.)**

3. The "real name" is (you must check one):
- |                                     |  |                          |   |
|-------------------------------------|--|--------------------------|---|
| <input type="checkbox"/>            | a Domestic General Partnership                   | <input type="checkbox"/> | a Foreign General Partnership                   |
| <input type="checkbox"/>            | a Domestic Limited Liability Partnership         | <input type="checkbox"/> | a Foreign Limited Liability Partnership         |
| <input type="checkbox"/>            | a Domestic Limited Partnership                   | <input type="checkbox"/> | a Foreign Limited Partnership                   |
| <input type="checkbox"/>            | a Domestic Business Trust                        | <input type="checkbox"/> | a Foreign Business Trust                        |
| <input type="checkbox"/>            | a Domestic Corporation                           | <input type="checkbox"/> | a Foreign Corporation                           |
| <input checked="" type="checkbox"/> | a Domestic Limited Liability Company             | <input type="checkbox"/> | a Foreign Limited Liability Company             |
| <input type="checkbox"/>            | a Domestic Statutory Trust                       | <input type="checkbox"/> | a Foreign Statutory Trust                       |
| <input type="checkbox"/>            | a Domestic Limited Cooperative Association       | <input type="checkbox"/> | a Foreign Limited Cooperative Association       |
| <input type="checkbox"/>            | a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> | a Foreign Unincorporated Non-profit Association |

KENTUCKY

4. The business is organized and existing in the state or country of \_\_\_\_\_.
5. The mailing address is:  
3810 SPRINGHURST PARK, SUITE 200      LOUISVILLE                      KY                      40241

**Street Address or Post Office Box Numbers                                      City                                      State                                      Zip**

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

DocuSigned by: AL APPEL CEO JANUARY 18, 2025  
  
**Authorized Party Signature                                      Printed Name                                      Title                                      Date**

## FILING INSTRUCTIONS CERTIFICATE OF ASSUMED NAME

### ASSUMED NAME

The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an *individual (sole proprietorship)* to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 355. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

### REAL NAME

The real name" is defined as follows:

- The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362;
- The real name of a Domestic Limited Partnership is the name stated in its Certificate of Limited Partnership filed pursuant to KRS 362;
- The real name of a Domestic Business Trust or Statutory Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Domestic Limited cooperative association is the name set forth in its articles of association;
- The real name of a Domestic Unincorporated nonprofit association that has filed a certificate of association is the name set forth in the certificate of association and, if no certificate of association has been filed, the name under which the unincorporated nonprofit association generally acts.
- The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name stated in its statement of foreign qualification filed pursuant to KRS 362.1
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060;
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.
- The real name of a Foreign Limited cooperative association is the name set forth in its articles of association or the fictitious name adopted for use in this Commonwealth under KRS 14A.3-010 to 14A.3-050 or predecessor law;
- The real name of a foreign Unincorporated nonprofit association is the name recognized by the laws of the jurisdiction under which it is organized as being the real name.

### DOCUMENT DELIVERY

A file stamped postcard will be sent to the mailing office address. If the applicant wishes for the document to be sent to an alternate address other than the mailing office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

### EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

### WHO MAY SIGN

The document must be signed by:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- a general partner of a Domestic or Foreign Limited Partnership;
- the trustees of a Domestic or Foreign Business Trust;
- any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic of Foreign Limited Liability Company.

### DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the mailing office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

### FILING FEE

The filing fee for this document is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

### MAILING ADDRESS

Michael Adams  
Office of the Secretary of State  
PO Box 718  
Frankfort, KY 40602-0718

### OFFICE LOCATION

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

### CONTACT INFORMATION

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.