

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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**Certificate of Renewal of  
Assumed Name**

**RAN**

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

**NORTON AUDUBON WOUND CARE CENTER**

2. The assumed name is being renewed by:

**COMMUNITY MEDICAL ASSOCIATES, INC.**

4. The business entity is organized and existing in the state or country of

**KY.**

4. The mailing address of the business entity is:

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

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

**Tracey Maxwell**  
5/7/2024