

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0324361.04
Michael G. Adams
Secretary of State
Received and Filed
5/29/2024 10:27:53 AM
Fee receipt: \$20

W266

Michael G. Adams
Secretary of State
P. O. Box 718
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:

NORTON HEART FAILURE CLINIC

2. The assumed name has been discontinued by

COMMUNITY MEDICAL ASSOCIATES, INC.

3. This application will be effective on **Wednesday, May 29, 2024.**

4. The date the original certificate was filed:

Wednesday, December 28, 2016

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

4967 US HIGHWAY 42 SUITE 101, LOUISVILLE, KY 40222-6363

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 **Manager Legal Services: Tracey Maxwell**
5/29/2024 10:27:53 AM