

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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**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 WOMEN'S HEART & VASCULAR CENTER

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:

Friday, May 1, 2015

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

4967 US HWY 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 10:30:31 AM