



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
sosfilings@ky.gov to submit via email
Filing Fee: \$15.00 (\$20.00 for LLC)

Articles of Correction

AOC

Pursuant to the provisions of KRS 14A-2.090, the undersigned applies correct articles and for that purpose, submits the following statement:

1. Name of the entity is: ALLIANCE PERSONALIZED HEALTH CARE PLLC
Document to be corrected is: Articles of Organization
Date the document being corrected was originally filed: April 25, 2023



2. Please specify the inaccuracies or defects to be corrected:

Name was incorrectly spelled to
ALLIANCE PERSONALIZED HEALTH CARE PLLC

3. The inaccuracy or defect stated above should be corrected as follows:

Name should be
ALLIANCE PERSONALIZED HEALTH CARE PLLC

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

	<u>Eric</u> <u>Bradburn</u>	<u>Owner</u>	<u>7/15/2023</u>
Signature	Printed Name	Title	Date
	<u>Clair Palley</u>	<u>Owner</u>	<u>7/15/2023</u>



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Articles of Organization
Professional Limited Liability Company

PLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the professional limited liability company is:

ALLIANCE PERSONALIZED HEALTH CARE PLLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:

151 N. EAGLE CREEK DR. SUITE 410 **Lexington** **KY** **40509-1894**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **Kevin Palley**

Article III: The mailing address of the professional limited liability company's initial principal office is:

407 N. Broadway **Lexington** **KY** **40508-130**
Street Address or Post Office Box Number City State Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):

☒
☐

A. a manager(s).

B. its member(s).



Article V: The profession to be practiced through the professional limited liability company:

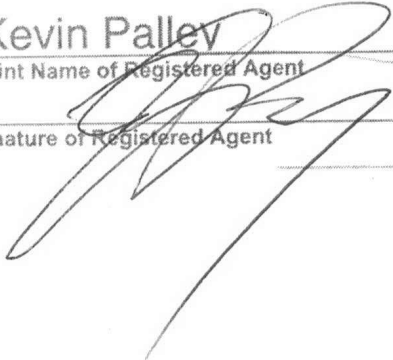
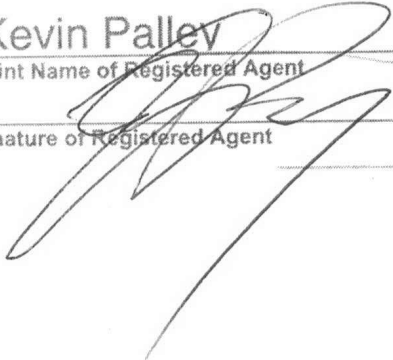
Medical Clinic

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

	Clair Palley	April 25, 2023
Signature of Organizer	Printed Name	Date
	Eric Bradburn	April 25, 2023
Signature of Organizer	Printed Name	Date

		
Signature of Organizer	Printed Name	Date
Kevin Palley		
Print Name of Registered Agent		
	Kevin Palley	April 25, 2023
Signature of Registered Agent	Printed Name	Date