

**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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<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

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

1. The assumed name is:

RIVER CITY RETINA CONSULTANTS

2. The name of the business entity that is adopting the assumed name:

OPHTHALMOLOGY ASSOCIATES, P.S.C.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

3810 SPRINGHURST BOULEVARD SUITE 100, LOUISVILLE KY 40241

This filing will be effective on **Friday, December 27, 2024.**

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 **VICE PRESIDENT:**

JACOB J YUNKER

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