# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0484372 Michael G. Adams Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Assumed Name**

ASN

57464379

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

#### ATALLA PLASTIC SURGERY

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

## CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY, P.S.C.

- 3. This application will be effective upon filing.
- The mailing address is: 4.

#### 1048 ASHLEY STREET, BOWLING GREEN KY 42103

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

> Michael S. Vitale **Attorney** 8/29/2023