

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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 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:

**SAINT CAMILLUS URGENT CARE**

2. The assumed name has been discontinued by

**A.K. HEALTHCARE MANAGEMENT, LLC**

3. This filing will be effective on **Tuesday, December 17, 2024.**

4. The date the original certificate was filed:

**Friday, April 21, 2023**

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

**P.O. BOX 1099, OWENSBORO, KY 42302**

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 **Director: Navin Jain**

12/17/2024 1:20:08 PM