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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/28/2022 10:59 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withe (Foreign Business E		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the but	S 14A and KRS 271B, 273, 274 siness entity named below and,	, 275, 362 or 386 the ι for that purpose, subn	undersigned applies for a certificate nits the following statements:
1. The name of the business ent	ity is Landmark Outpatient Services (The name must be identical to		
2. The state or country of format	Deleviore	and name on record with	ne secretary of state.
The Secretary of State may fo on the Secretary of State and	rward to the business entity at t commits to notify the Secretary	he following street add of State of any future	lress any process served changes to this address:
720 Cool Springs Blvd. #500	Franklin	TN	37067
Street Address (No Post Office Box Nu	mbers) City	State	Zip Code
authority from the commissioner of the business entity revokes the appoints the Secretary of State as	to KRS 14A.9-010(7) the busing the Department of Insurance. The authority of its registered age to the agent for service of process to transact business in the Com	nt to accept service of	process on its behalf and
This application will be effective or the delayed effective date cann	e upon filing, unless a delayed ϵ ot be prior to the date the applic	effective date and/or tir ation is filed. The effe	me is provided. The effective date ective date is
declare under penalty of perjury	under the laws of Kentucky that	the forgoing is true an	d correct.
112	H. Chris Ka	ang	8/16/2022
Signature of Authorized Representative	Printed Na	ime	Date