# Commonwealth of Kentucky Michael G. Adams, Secretary of St

0520276 Michael G. Adams KY 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 Assumed Name**

**ASN** 

2376036

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

1. The assumed name is:

## BODYWORX PHYSICAL THERAPY & CHIROPRACTIC WELLNESS CENTER

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

### PRO THERAPY SOLUTIONS PLLC

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

#### 2705 BUTLER ST, ASHLAND KY 41102

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

Brad Profitt owner/member 3/13/2023