Commonwealth of Kentucky Michael G. Adams, Secretary of State

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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

Amended Certificate of Assumed Name

AAN

A272

Pursuant to the provisions of KRS 365, the undersigned applies to amend the certificate of assumed name and, for that purpose, submits the following statement:

1. The assumed name is:

DIGENIS PLASTIC SURGERY INSTITUTE

2. The certificate of assumed name was filed with the Secretary of State on:

Tuesday, March 15, 2022

3. The current mailing address is:

P.O. BOX 1027, LOUISVILLE, KY 40201

4. The principal office address is hereby changed to:

2950 Terra Crossing Blvd, Louisville KY 40245

5. This filing will be effective on Tuesday, February 11, 2025.

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 **Applicant: Alexander Digenis**

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