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

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## Certificate of Renewal of Assumed Name

**RAN** 

C227

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

#### LEXINGTON CLINIC RICHMOND

2. The assumed name is being renewed by:

#### **NEW LEXINGTON CLINIC, P.S.C.**

- 3. The entity is organized and existing in the state or country of KY.
- 4. The mailing address of the entity's principal office is

### 1221 S. BROADWAY, LEXINGTON, KY 40504

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 **Authorized Party: Kris Pauley** 2/6/2025