

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

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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<http://www.sos.ky.gov>

**Certificate of Renewal of  
Assumed Name**

**RAN**

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 AMBULATORY SURGERY CENTER**

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**  
8/22/2024