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WTH  
**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
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 Fee Receipt: \$40.00

**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Withdrawal**  
 (Foreign Business Entity)

**WFE**

Pursuant to the provisions of KRS 14A - 030 the undersigned applies for a certificate of withdrawal on behalf of the business entity named below and, for that purpose, submits the following statements:

- The name of the business entity is Life Care Physician Services, LLC  
 (The name must be identical to the name on record with the Secretary of State.)
- The state or country of formation is Tennessee
- The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:  

<u>3570 Keith Street NW</u>	<u>Cleveland</u>	<u>TN</u>	<u>37312</u>
<b>Street Address (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
- The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.
- The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Life Care Physician Services, LLC

By: Joan E. Thurmond, Assistant Secretary

*Joan E. Thurmond*  
 Signature of Authorized Representative

Joan E. Thurmond  
 Printed Name

3/26/24  
 Date

**FILING INSTRUCTIONS**  
**CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY**

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**WHO MAY SIGN**

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

**FILING FEE**

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Office of the Secretary of State  
P.O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.