

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/6/2024 2:21 PM Fee Receipt: \$20.00

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ASN

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

Certificate of Assumed Name (Domestic or Foreign Business Entity)

ASN Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the

following statement: Meadowview Cancer Program

1. The assumed name is:

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Meadowview Regional Medical Center, LLC

Name must be identical to the name on record with the Secretary of State.)

- 3. The "real name" is (you must check one):
 - a Domestic General Partnership a Foreign General Partnership a Foreign Limited Liability Partnership a Domestic Limited Liability Partnership a Foreign Limited Partnership a Domestic Limited Partnership a Domestic Business Trust a Foreign Business Trust a Foreign Corporation a Domestic Corporation X a Foreign Limited Liability Company a Domestic Limited Liability Company a Foreign Statutory Trust a Domestic Statutory Trust a Domestic Limited Cooperative Association a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association a Domestic Unincorporated Non-profit Association

Delaware 4. The business is organized and existing in the state or country of

5. The mailing address is:

330 Seven Springs Way	Brentwood	TN	37027	
Street Address or Post Office Box Numbers	City	State	Zip	

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

Authorized Party Signature	Printed Name	Title	Date
Charlotte Lawrence	Charlotte Lawrence	Secretary	8/5/2024
Signed by:			