

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/4/2025 3:21 PM

Fee Receipt: \$20.00

Date

| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | newal of Assumed Name RAN In Business Entity) | | | | AN | |
|---|---|--------------------|--|-------------|----------------------|------|
| Pursuant to the provisions of KR the following statements: | S 365, the undersigned a | pplies to re | new an assumed na | ame and, fo | r that purpose, subr | nits |
| This certifies that the assume | ed name of the business e | ntity is: | | | | |
| Meadowview Regional Medica | ıl Center | | | | | · |
| The assumed name is being | renewed by: | | | | | |
| Meadowview Regional Medical | | | 8 | | | · |
| (The "real name" of entity or partner | ers) | | | | | |
| 3. The "real name" is (you must check one): a Domestic General Partnership a Domestic Limited Liability Partnership a Domestic Limited Partnership a Domestic Business Trust a Domestic Corporation a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association | | n | a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association | | | |
| 4. The business entity is organ | ized and existing in the sta | ate or coun | try of | | | |
| 5. The mailing address of the b | ousiness entity is: | | | | | |
| 330 Seven Springs Way, | | Brentwood | | TN | 37027 | |
| Street Address or Post Office Box N | umbers | City | | State | Zip | |
| I declare under penalty of perju | iry under the laws of Kentu | ucky that th | e forgoing is true a | nd correct. | | |
| Charlotte lawrence | | Charlotte Lawrence | | | 2/4/2025 | |

Printed Name

Signature of Authorized Party