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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/25/2024 2:38 PM

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Date

## 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 Renewal of Assumed Name (Domestic or Foreign Business Entity)					
Pursuant to the provisions of KR the following statements:	S 365, the undersigned applie	es to re	enew an assumed n	ame and, f	or that purpose, submits	
1. This certifies that the assume	ed name of the business entity	is:				
Clark Clinic Interventional Rad	liology					
2. The assumed name is being	renewed by:					
Clark Regional Physician Practice						
(The "real name" of entity or partne	ers)					
3. The "real name" is (you must c	heck one):					
a Domestic General Partnership			a Foreign General Partnership			
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership			
a Domestic Limited Partnership			a Foreign Limited Partnership			
a Domestic Business Trust			a Foreign Business Trust			
a Domestic Corporation			a Foreign Corporation			
			a Foreign Limited Liability Company			
a Domestic Statutory Trust			a Foreign Statutory Trust			
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association			
a Domestic Unincorporated Non-profit Association			a Foreign Unincorporated Non-profit Association			
4. The business entity is organized	zed and existing in the state o	r coun	try of			
5. The mailing address of the bu						
330 Seven Springs Way		Brentwood		TN	37027	
Street Address or Post Office Box Nu	mbers City			State	Zip	
I declare under penalty of perjury	y under the laws of Kentucky t	hat the	e forgoing is true an	d correct.		
11 111 1		lotte La	e Lawrence		3/22/2024	

**Printed Name** 

Signature of Authorized Party