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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/6/2023 2:30 PM Fee Receipt: \$20.00



## 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 Renewa (Domestic or Foreign Bus	Renewal of Assumed Name reign Business Entity)				
Pursuant to the provisions of KRS the following statements:	S 365, the undersigned applies	s to re	enew an assumed n	ame and, f	or that purpose, submits	
This certifies that the assumed	d name of the business entity is	s:				
Clark Clinic Transformations						
2. The assumed name is being re	enewed by:				·	
Clark Regional Physician Practice	at the contract of the contrac					
(The "real name" of entity or partner	s)					
3. The "real name" is (you must ch	eck 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 Domestic Limited Liability Company		$\times$	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 organiz	ed and existing in the state or	coun	try of Delaware			
5. The mailing address of the bu						
330 Seven Springs Way		Brentwood		TN	37207	
Street Address or Post Office Box Numbers				State	Zip	
I declare under penalty of perjury  DocuSigned by:  Charlotte howsence			e forgoing is true an		1/4/2023	

Printed Name

Date

Signature of Authorized Party