



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
7/1/2024 2:48 PM  
Fee Receipt: \$20.00

<div>Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 <a href="http://www.sos.ky.gov">www.sos.ky.gov</a></div>	<div>Certificate of Withdrawal of Assumed Name (Domestic or Foreign Business Entity)</div>	<div>CWA</div>
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Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name to be withdrawn is Clark Clinic Transformations  
(The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been discontinued by Clark Regional Physician Practices, LLC  
(Must be the exact name of the entity or partners)
3. This application will be effective upon filing.
4. The date the original certificate was filed: 7/2/2015
5. 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 Foreign General Partnership

☐ a Foreign Limited Liability Partnership

☐ a Foreign Limited Partnership

☐ a Foreign Business Trust

☐ a Foreign Corporation

☒ a Foreign Limited Liability Company

6. 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.

<div>DocuSigned by:  B92A4AD58CE5427...</div>	Charlotte Lawrence	Secretary	7/1/2024
Signature of Authorized Party	Printed Name	Title	Date