

## 0832398.12

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/1/2024 2:49 PM Fee Receipt: \$20.00

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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 Withdrawal of Assumed Name (Domestic or Foreign Business Entity) CWA
Pursuant to the provisions of KR submits the following statements	S 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose
1. The assumed name to be with	hdrawn is Ertel Medicine & Pediatrics - Winchester (The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been	n 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

Street Address or Po	st Office Box Numbers	City		State	Zip	
330 Seven Springs	Way	Brentwood		TN	37027	
6. The mailing ad	dress is:					
a Domest	ic Limited Liability Company		$\times$	a Foreign Limited Liability Company		
a Domestic Corporation			a Foreign Corporation			
a Domestic Business Trust a Foreign Business Trust						
a Domestic Limited Partnership				a Foreign Limited Partnership		
a Domestic Limited Liability Partnership				a Foreign Limited Liability Partnership		
a Domest	ic General Partnership			a Foreign General Partnership		
5. The "real name	e" İS (you must check one):					
		the second s	and the second se			the second se

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

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