

0832398.12 Michael G. Adams Kentucky Secretary of State

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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 Renewal of Assumed Name RAN (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 name and, for that pur	pose, submits		
 This certifies that the assumed name of the business entity is: 						
Clark Digestive Care Center						
2. The assumed name is being renewed by:						
Clark Regional Physician Practices, LLC						
(The "real name" of entity or partne	rs)					
3. The "real name" is (you must c	heck one):					
a Domestic General Par	tnership		a Foreign General Partnership			
a Domestic Limited Liab	ility Partnership		a Foreign Limited Liability Partnership			
a Domestic Limited Part	nership		a Foreign Limited Partnership			
a Domestic Business Tr	ust		a Foreign Business Trust			
a Domestic Corporation			a Foreign Corporation			
a Domestic Limited Liab	ility Company	\times	a Foreign Limited Liability Company			
a Domestic Statutory Tr	ust		a Foreign Statutory Trust			
a Domestic Limited Coo	perative Association		a Foreign Limited Cooperative Association	ion		
a Domestic Unincorpora	ted Non-profit Association		a Foreign Unincorporated Non-profit As	sociation		
4. The business entity is organized and existing in the state or country of						
5. The mailing address of the business entity is:						

330 Seven Springs Way	Brentwood	TN	37207	
Street Address or Post Office Box Numbers	City	State	Zip	<u> </u>

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

	Signature of Authorized Party	Printed Name	Date				
	Charlotte Lawrence	Charlotte Lawrence	4/4/2023				
DocuSigned by:							