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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/20/2023 11:07 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Na (Domestic or Foreign Business			ASN	
following statement:	S 365, the undersigned applies to as: ain Doctors	sume a name and, for that	purpose, submits	the	
	ik. /and in the control of the contr	undin the marker was the at in to	are adopting the		
	ity (and in the case of general partne	rsnip, the partners) that is/a	are adopting the a	assumed	
name: Elite Physical Medicine LLC					
	ne on record with the Secretary of Stat	(e.)			
3. The "real name" is (you must ch	10	,			
	a Domestic General Partnership		a Foreign General Partnership		
	a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership		
a Domestic Limited	a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Busine	a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corpo	a Domestic Corporation		a Foreign Corporation		
X a Domestic Limited	a Domestic Limited Liability Company		a Foreign Limited Liability Company		
a Domestic Statuto	a Domestic Statutory Trust		a Foreign Statutory Trust		
	d Cooperative Association	a Foreign Limited Cooperative Association			
	orporated Non-profit Association	a Foreign Unincorpora	a Foreign Unincorporated Non-profit Association		
The business is organized and existing in the state or country of					
5. The mailing address is:					
2091 North Bend Road	Hebron	KY	41048		
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. David Segraves Member 10/19/23					
Authorized Party Signature	Printed Name	Title	Date		