9/26/2016 0452716			0452716 Alison Lunderg KY Secretary o Received and Fi	of State	5
Alison Lunde		Statement of Change o	Fee receipt:		
Secretary P. O. B Frankfort, KY (502) 56	ox 718 40602-0718	Registered Office, Registe Agent, or Both		RAC	

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

## ALL CHILDREN PEDIATRIC ASSOCIATES, P.L.L.C.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
JOHN BLAIR, M.D.	WILLIAM WEBER, M.D.
3. Address of current registered office	4. Registered office is hereby changed to:
400 BLANKENBAKER PKWY SUITE 200 LOUISVILLE, KY 40243	5721 BARDSTOWN ROAD LOUISVILLE, KY 40291

5. Signature of officer or chairman of the board	6. Consent of new agent
WILLIAM WEBER, MEMBER	I consent to serve as the new registered agent on behalf of this corporation.
29100	WILLIAM WEBER
Type or print name and title	Signature and Title
9/26/2016 10:52 AM Date	Type or print name and title