## 4/14/2014 **Commonwealth of Kentucky** 0799017 0799017 Alison Lundergan Grimes, Secretary o **KY Secretary of State** Received and Filed

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Statement of Change or **Registered Office, Registered** Agent, or Both

Alison Lundergan Grimes 4/14/2014 1:43:55 PM Fee receipt: \$10.00

RAC

L905

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

## Anderson Medical, PLLC

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
Melanie Maria Anderson	Melanie Maria Anderson
3. Address of current registered office	4. Registered office is hereby changed to:
400 South Elm St. Henderson, KY 42420	2668 Mill Creek Rd. Tompkinsville, KY 42167

5. Signature of officer or chairman of the board	6. Consent of new agent
Melanie Anderson, agent	I consent to serve as the new registered agent on behalf of this corporation.
	Melanie Anderson
Type or print name and title	Signature and Title
4/14/2014 1:43 PM	Type or print name and title
Date	