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**Commonwealth of Kentucky
Trey Grayson, Secretary of State**

0723728
Trey Grayson
Secretary of State
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Trey Grayson
Secretary of State
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Frankfort, KY 40602-0718
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http://www.sos.ky.gov

**Statement of Change of
Registered Office, Registered
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

OHIO VALLEY PAIN MEDICINE, PSC

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

1. Name of current registered office

MICHAEL D. ROBINSON

2. Registered agent is hereby changed to:

Joseph M. DeLapa, II, M.D.

3. Address of current registered office

1200 BATH AVENUE
ASHLAND, KY 41101

4. Registered office is hereby changed to:

1101 St. Christopher Drive, Suite 350
ASHLAND, KY 41101

5. Signature of officer or chairman of the board

Joseph M. DeLapa, II, M.D., President
Signature and Title

Type or print name and title

6/18/2009 8:34 PM
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Joseph M. DeLapa, II, M.D.
Signature and Title

Type or print name and title