Registered Office, Registered Agent, or Both

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

KENTUCKY ASSOCIATION FOR HEALTHCARE QUALITY, INC.

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

(502) 564-3490 http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
TERRY ALTPETER	Dolores Luke
3. Address of current registered office	4. Registered office is hereby changed to:
6303 HITT LANE	c/o Morgan County ARH
LOUISVILLE, KY 40241	218 Highway 3345 West Liberty, KY 41472
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5. Signature of officer or chairman of the board	6. Consent of new agent
Freida M. Shoemaker, Treasurer	I consent to serve as the new registered agent on behalf of this corporation.
29100	Dolores Luke
Type or print name and title	Signature and Title
3/1/2011 4:36 PM	Type or print name and title
Date	

N601