| 2/22/2011 0539439 | Commonwealth of Kentucky Elaine N. Walker, Secretary of State | Received and Filed | |
|--|--|--------------------|---|
| Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490 http://www.sos.ky.gov | Agent, or Both | Fee receip | 11:44:00 AM t: \$10.00 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

COMMUNITY MEDICAL CARE, INC.

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: |
|--|--|
| DR BHARAT MODY | DR BHARAT MODY |
| 3. Address of current registered office | 4. Registered office is hereby changed to: |
| 101 STATE AVENUE, SUITE C GLASGOW, KY 42141 | 201 Professional Park Drive GLASGOW, KY 42141 |

| 5. Signature of officer or chairman of the board | 6. Consent of new agent | |
|--|---|--|
| Jannell Pedigo, Chairperson Signature and Title | I consent to serve as the new registered agent on behave of this corporation. | |
| Type or print name and title | Signature and Title | |
| 2/22/2011 11:44 AM | Type or print name and title | |