5/1/2019 0009944		Commonwealth of Kentucky Indergan Grimes, Secretary o	an Grimes, Secretary of KY Secretary of State Received and Filed	
Alison Lunde	ergan Grimes	Statement of Change a	5/1/2019 1:18:28 PM Fee receipt: \$10.00	
Secretary of State P. O. Box 718		Statement of Change of Registered Office Registered		

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

CLINTON AND HICKMAN COUNTY HOSPITAL, INC.

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

Frankfort, KY 40602-0718

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

1. Name of current registered agent	2. Registered agent is hereby changed to:
ROLLIE BUSHOR	Jennifer Connell
3. Address of current registered office	4. Registered office is hereby changed to:
366 SOUTH WASHINGTON ST. CLINTON, KY 42031	366 SOUTH WASHINGTON ST. CLINTON, KY 42031

5. Signature of officer or chairman of the board	6. Consent of new agent
Jennifer Connell, Secretary Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Jennifer Connell
Type or print name and title	Signature and Title
5/1/2019 1:18 PM Date	Type or print name and title