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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 on 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

PEDIATRIC ASSOCIATES OF HAZARD, LIMITED LIABILITY COMPANY

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:
CALEB COOLEY	Djien So
3. Address of current registered office	4. Registered office is hereby changed to:
134 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	156 Island Creek Road PIKEVILLE, KY 41501

5. Signature of officer or chairman of the board	6. Consent of new agent
Djien So, Managing Member Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
100 19 m	Djien So
Type or print name and title	Signature and Title
5/1/2012 9:25 PM	Type or print name and title
Date	