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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes
Secretary of State
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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

MICHELE L. HINES, M.D., P.S.C.

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

1. Name of current registered agent

MICHELE L. HINES, M.D.

2. Registered agent is hereby changed to:

Michele L Hines M.D.

3. Address of current registered office

9700 PARK PLAZA AVE
STE 105
LOUISVILLE, KY 40241

4. Registered office is hereby changed to:

9462 Brownsboro Rd
#251
LOUISVILLE, KY 40241

5. Signature of officer or chairman of the board

Michele L Hines M.D., sole officer
Signature and Title

Type or print name and title

2/21/2013 12:04 AM

Date

6. Consent of new agent

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

Michele L Hines M.D.
Signature and Title

Type or print name and title