Elaine N. Walker 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

## VA CLINIC OF MEDPARK WEST, LLC

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:  |
|--|--|
|  | MIKE WHITAKER                              |
| 3. Address of current registered office            | 4. Registered office is hereby changed to: |
| 3810 S HIGHWAY 27<br>SUITE 3<br>SOMERSET, KY 42501 | 603 Kit Cowan Road<br>SOMERSET, KY 42501   |

| 5. Signature of officer or chairman of the board | 6. Consent of new agent   |
|--|---|
| Mike Whitaker, Manager<br>Signature and Title    | I consent to serve as the new registered agent on behalf of this corporation. |
| Type or print name and title                     | Signature and Title   |
| 4/21/2011 4:54 PM<br>Date                        | Type or print name and title  |