9/28/2012 0630983		Commonwealth of Kentucky Indergan Grimes, Secretary o	Alison Lundergan Grimes	
Alison Lundergan Grimes		Statement of Change a	Fee receipt:	
Secretary of State P. O. Box 718		Statement of Change on Begistered		RAC

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

TRIANGLE ANESTHESIA GROUP, P.S.C.

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:
JOSEPH H. MILLER, ESQ.	SAMUEL G. CARNEAL, ESQ.
3. Address of current registered office	4. Registered office is hereby changed to:
201 WEST SHORT STREET LEXINGTON, KY 40507	201 WEST SHORT STREET LEXINGTON, KY 40507

5. Signature of officer or chairman of the board	6. Consent of new agent
Samuel G. Carneal, Attorney Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
22100	Samuel G. Carneal
Type or print name and title	Signature and Title
9/28/2012 12:13 PM	Type or print name and title
Date	