## 6/26/2013 **Commonwealth of Kentucky** 0578588 0578588 Alison Lundergan Grimes, Secretary o **KY Secretary of State**

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 or **Registered Office, Registered** Agent, or Both

**Alison Lundergan Grimes** Received and Filed 6/26/2013 3:14:36 PM Fee receipt: \$10.00

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

## MACLIMORE CLINIC, 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:
VICTOR A. DUNN	Robert D. Byrd
3. Address of current registered office	4. Registered office is hereby changed to:
2200 E. PARRISH AVE. BUILDING C OWENSBORO, KY 42303	2200 E. PARRISH AVE. BUILDING C OWENSBORO, KY 42303

5. Signature of officer or chairman of the board	6. Consent of new agent
Robert D. Byrd, member Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
29000	Robert D. Byrd
Type or print name and title	Signature and Title
6/26/2013 3:14 PM	Type or print name and title

L905