5/29/2019 0608292	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Flied
		5/20/2010 11.25.52 /

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

5/29/2019 11:35:53 AM Fee receipt: \$10.00

RAC

P601

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

PURCHASE ANESTHESIA, PSC

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:
AMY O. MCREYNOLDS	Natalie Ballert
3. Address of current registered office	4. Registered office is hereby changed to:
225 MEDICAL CENTER DRIVE # 405 PADUCAH, KY 42003	425 Lewis Hargett Circle Lexington, KY 40503

5. Signature of officer or chairman of the board	6. Consent of new agent
Walter Scott Lykins, MD, President	I consent to serve as the new registered agent on behalf of this corporation.
122100	Natalie M Ballert, MD
Type or print name and title	Signature and Title
5/29/2019 11:35 AM	Type or print name and title