## 7/31/2018 1000493

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

1000493

Alison Lundergan Grimes KY Secretary of State Received and Filed

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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

**RAC** 

L905

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

## ProScan Radiology Northern Kentucky, 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:
C T Corporation System	Corporation Service Company
3. Address of current registered office	4. Registered office is hereby changed to:
306 W Main St Ste 502 Frankfort, KY 40601	421 West Main Street Frankfort, KY 40601
5. Signature of officer or chairman of the board	6. Consent of new agent
STEPHEN J. POMERANZ, AUTHORIZED PERSON Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	CORPORATION SERVICE COMPANY
Type or print name and title	Signature and Title
7/31/2018 12:31 PM	Type or print name and title
Date	Type of print name and the