

1/30/2013  
0612496

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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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 of  
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

LEE MEDICAL OFFICES, PLLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

TONY W. LEE

2. Registered agent is hereby changed to:

TONY W. LEE

3. Address of current registered office

908 WALLACE AVE.  
SUITE 205  
LEITCHFIELD, KY 42754

4. Registered office is hereby changed to:

912 Wallace Ave  
LEITCHFIELD, KY 42754

5. Signature of officer or chairman of the board

Tony Lee, Owner  
Signature and Title

Type or print name and title

1/30/2013 8:26 AM  
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Tony Lee  
Signature and Title

Type or print name and title