P601 6/28/2017 **Commonwealth of Kentucky** 0420216 Alison Lundergan Grimes 0420216 Alison Lundergan Grimes, Secretary o **KY Secretary of State** Received and Filed

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

STANTON, KY 40380

Statement of Change or **Registered Office, Registered** Agent, or Both

6/28/2017 12:30:03 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

KING & POINTS PHYSICAL THERAPY AND REHABILITATION SERVICES, P.S.C.

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:
	GEORGIA KING
3. Address of current registered office 436 SOUTH MAIN STREET	4. Registered office is hereby changed to: 515 HOLMAN DRIVE

STANTON, KY 40380

5. Signature of officer or chairman of the board 6. Consent of new agent I consent to serve as the new registered agent on behalf GEORGIA C. KING, PRESIDENT of this corporation. Signature and Title **GEORGIA C. KING** Signature and Title Type or print name and title 6/28/2017 12:30 PM Type or print name and title Date