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**Commonwealth of Kentucky**  
**Trey Grayson, Secretary of State**

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Trey Grayson  
Secretary of State  
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Division of Corporations  
Business Filings

P. O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov>

**Statement of Change of  
Registered Agent Name/Address**

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

**MIDAMERICA HEALTH, INC.**

**The current registered agent name and address for the organization is:**

C T CORPORATION SYSTEM  
4169 WESTPORT ROAD  
LOUISVILLE KY 40207

**The registered agent name and address for the organization is being changed to:**

C T CORPORATION SYSTEM  
306 W MAIN ST  
SUITE 512  
FRANKFORT KY 40601

**Acknowledgements:**

I acknowledge that the registered agent entered above is a company authorized to do business in the state of Kentucky and that the signature below is of an individual authorized to sign for the registered agent.

**Consent of agent**

I declare that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. I consent to serve as the registered agent on behalf of this company.

Marie Hauer

This document was filed electronically via a batch update request.