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Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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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 of Registered Office, Registered Agent, or Both

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

MONDAY ANESTHESIA INC

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:
JOSHUA MONDAY	JOSHUA MONDAY
3. Address of current registered office	4. Registered office is hereby changed to:
1113 EAGLE CROSSING COURT ASHLAND, KY 41102	526 E Main St Grayson, KY 41143
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
Joshua Monday, President Signature and Title	of this corporation. Joshua Monday Signature and Title
Type or print name and title 5/18/2015 7:32 PM	Type or print name and title
Date	- Type or print name and the