4/26/2017 0779676		Commonwealth of Kentucky Indergan Grimes, Secretary o	Alison Lundergan Grimes	
Alison Lunder	•	Statement of Change of	Fee receipt: \$10.00	

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

FLORENCE, KY 41042

## Statement of Change on Registered Office, Registered Agent, or Both

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

## DAUGHERTY MEDICAL GROUP, PLLC

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:
JOSEPH F. DAUGHERTY, III	JOSEPH F. DAUGHERTY, III
3. Address of current registered office	4. Registered office is hereby changed to:
11 SPIRAL DRIVE	1045 Jackson Rd

Park Hills, KY 41011

5. Signature of officer or chairman of the board	6. Consent of new agent
Joseph Daugherty, Organizer	I consent to serve as the new registered agent on behalf of this corporation.
Colores Colores	Joseph F Daugherty, III
Type or print name and title	
4/26/2017 10:55 AM	Type or print name and title

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RAC