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

STELLAR HEALTH CARE ASSOCIATES, INC.

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

http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
DR. PRAVIN AVULA	DR. PRAVIN AVULA
3. Address of current registered office	4. Registered office is hereby changed to:
111 COLLEGE STREET SMITHS GROVE, KY 42171	121 COLLEGE STREET, SMITHS GROVE, KY 42171

5. Signature of officer or chairman of the board	6. Consent of new agent
PRAVIN AVULA, PRESIDENT Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	PRAVIN AVULA
Type or print name and title	Signature and Title
2/27/2011 3:35 PM Date	Type or print name and title