## 9/27/2012 **Commonwealth of Kentucky** 0478491 0478491 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

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

Alison Lundergan Grimes 9/27/2012 1:00:47 PM Fee receipt: \$10.00

RAC

L905

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

## **MESA 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:
CORPORATE STATUTORY SERVICES, INC.	CSC-Lawyers Incorporating Service Company
3. Address of current registered office	4. Registered office is hereby changed to:
820 MAPLE AVENUE	421 West Main Street

5. Signature of officer or chairman of the board	6. Consent of new agent
S. Waite Popejoy, Authorized Person	I consent to serve as the new registered agent on behalf of this corporation.
	Sarah Wright, Asst. Vice President
Type or print name and title	Signature and Title
9/27/2012 1:00 PM	Type or print name and title
Date	