

9/23/2008
0618207

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

L905
0618207.06
Trey Grayson
Secretary of State
Received and Filed
9/23/2008 9:30:49 AM
Fee receipt: \$10.00

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

PARAMOUNT OF INDIANAPOLIS LLC

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

ALAN N. LINKER
ONE RIVERFRONT PLAZA
401 W. MAIN STREET
SUITE 1000
LOUISVILLE KY 40202

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

ALAN N. LINKER
462 S. Fourth Street
Suite 2200
Louisville KY 40202

Acknowledgements:

I acknowledge that P O Box, drawer, box, or any variation of a non-street address is unacceptable for the registered agent address and that the address listed is a street mailing address.

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.

Signature of authorized officer:

Frank A. Littriello, Director of Paramount Healthcare Group Inc., Manager

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.

ALAN N. LINKER

This document was filed electronically using the online filing service at the Kentucky Secretary of State's web site at <http://www.sos.ky.gov>