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Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

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Elaine N. Walker
Secretary of State
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Elaine N. Walker
Secretary of State
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Frankfort, KY 40602-0718
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Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

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

TRIPLE CROWN HEALTHCARE, P.S.C.

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

1. Name of current registered agent

RONALD C BIBB JR

2. Registered agent is hereby changed to:

RONALD C BIBB JR

3. Address of current registered office

504 TENIKAT STREET
DANVILLE, KY 40422

4. Registered office is hereby changed to:

390 MCCOUNS FERRY ROAD
PO BOX 314
SALVISA, KY 40372-0314

5. Signature of officer or chairman of the board

RONALD C BIBB JR, PRESIDENT/SOLE OFFICER

Signature and Title

Type or print name and title

2/2/2011 1:14 AM

Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

RONALD C BIBB JR

Signature and Title

Type or print name and title