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

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

Commonwealth Physicians' Billing Service, LLC

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

1. Name of current registered agent

[Empty box for current registered agent name]

2. Registered agent is hereby changed to:

Stephanie Garrison

3. Address of current registered office

870 Corporate Drive
Suite 400
Lexington, KY 40503

4. Registered office is hereby changed to:

870 Corporate Drive
Suite 400
Lexington, KY 40503

5. Signature of officer or chairman of the board

Paul Halpin, Chairman
Signature and Title
Type or print name and title
8/26/2011 10:03 AM
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.
Stephanie Garrison
Signature and Title
Type or print name and title