9/16/2008
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Commonwealth of Kentucky
Trey Grayson, Secretary of State

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Trey Grayson
Secretary of State
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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

WESTERN KENTUCKY AMBULATORY SURGERY CENTER, LLC

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

C T CORPORATION SYSTEM
KENTUCKY HOME LIFE BLDG
LOUISVILLE KY 40202

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

C T Corporation System
4169 Westport Road
LOUISVILLE KY 40207

Acknowledgements:
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.

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.

Marie Hauer

This document was filed electronically via a batch update request.