

7/21/2015  
0900347

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

P601  
0900347  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
7/21/2015 2:29:19 PM  
Fee receipt: \$10.00

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 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

**LOUISVILLE INJURY CLINICS, INC.**

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

**1. Name of current registered agent**

GREGORY BRONNER

**2. Registered agent is hereby changed to:**

Logan, Burch & Fox

**3. Address of current registered office**

4400 BRECKENRIDGE LANE  
SUITE 102  
LOUISVILLE, KY 40218

**4. Registered office is hereby changed to:**

114 West Clinton Street  
Frankfort, KY 40601

**5. Signature of officer or chairman of the board**

Gregory A. Bronner, DO, President

Signature and Title

Type or print name and title

7/21/2015 2:29 PM

Date

**6. Consent of new agent**

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

Logan, Burch & Fox

Signature and Title

Type or print name and title