

6/4/2014
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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0797689
Alison Lundergan Grimes
KY Secretary of State
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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

PROVIDER HEALTHLINK OF KENTUCKY LLC

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

1. Name of current registered agent

PAUL CAUDILL

2. Registered agent is hereby changed to:

PAUL CAUDILL

3. Address of current registered office

SUIET 210 EAGLE VIEW LANE
LEXINGTON, KY 40509

4. Registered office is hereby changed to:

9300 Shelbyville Road, Suite 506
Louisville, KY 40222

5. Signature of officer or chairman of the board

Paul Caudill, Member
Signature and Title
Type or print name and title
6/4/2014 5:07 PM
Date

6. Consent of new agent

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