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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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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

SUBURBAN ANESTHESIA, 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

GARY M. MORLIER, MD

2. Registered agent is hereby changed to:

GARY M. MORLIER, MD

3. Address of current registered office

3320 TATES CREEK RD., STE. 204
LEXINGTON, KY 40502

4. Registered office is hereby changed to:

425 Lewis Hargett Cir/ce
LEXINGTON, KY 40502

5. Signature of officer or chairman of the board

Gary Morlier, MD, President
Signature and Title

Type or print name and title

5/27/2011 3:42 PM
Date

6. Consent of new agent

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

Gary Morlier, MD
Signature and Title

Type or print name and title