

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

NPOC  
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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

**KENTUCKYONE HEALTH MEDICAL GROUP, INC.**

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

**1. Address of current principal office**

200 ABRAHAM FLEXNER WAY  
  
LOUISVILLE, KY 40202

**2. Principal office is hereby changed to:**

One Saint Joseph Drive  
Lexington, KY 40504

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

Carmel Jones, Chief Operating Officer
Signature and Title
Type or print name and title
12/3/2019 10:05 AM
Date

