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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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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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Frankfort, KY 40602-0718
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<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

REGIONAL HEALTH CARE AFFILIATES, INC.

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

1. Name of current registered agent

KIM WINSTEAD

2. Registered agent is hereby changed to:

KIMBERLY BROWN

3. Address of current registered office

2251 WESTERFIELD DRIVE
SUITE B
PROVIDENCE, KY 42450

4. Registered office is hereby changed to:

2251 WESTERFIELD DRIVE
SUITE B
PROVIDENCE, KY 42450

5. Signature of officer or chairman of the board

SHARON STEEDLY, BOARD CHAIR

Signature and Title

Type or print name and title

4/10/2012 4:36 PM

Date

6. Consent of new agent

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

KIMBERLY BROWN

Signature and Title

Type or print name and title