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Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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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

N601

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	2. Registered agent is hereby changed to:
KIMBERLY BROWN	WILLIAM C. SMITH
3. Address of current registered office	4. Registered office is hereby changed to:
2251 WESTERFIELD DRIVE	2251 WESTERFIELD DRIVE
SUITE B	SUITE B
PROVIDENCE, KY 42450	PROVIDENCE, KY 42450
5. Signature of officer or chairman of the board	6. Consent of new agent
	I consent to serve as the new registered agent on behalf
SHARON STEEDLY, PRESIDENT Signature and Title	of this corporation.
	WILLIAM C. SMITH
Type or print name and title	Signature and Title
1/9/2013 10:06 AM	Type or print name and title
Date	Type of print flame and title