## 3/8/2016 0016724

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0016724
Alison Lundergan Grimes
KY Secretary of State
Received and Filed

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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

1. Name of current registered agent

## Statement of Change of Registered Office, Registered Agent, or Both

2. Registered agent is hereby changed to:

**RAC** 

P601

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

## THE FAMILY HEALTH CLINIC, INC.

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

GARY WIENTJES	JENNIFER BARKER
3. Address of current registered office	4. Registered office is hereby changed to:
234 MEDICAL CIRCLE MOREHEAD, KY 40351	234 MEDICAL CIRCLE MOREHEAD, KY 40351
5. Signature of officer or chairman of the board	6. Consent of new agent
JENNIFER BARKER, VICE PRESIDENT Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JENNIFER BARKER
Type or print name and title	Signature and Title
3/8/2016 5:01 PM  Date	Type or print name and title