

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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**Statement of Change of
Principal Office Address**

POC

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

LEXINGTON DERMATOLOGY & LASER CENTER, PSC

and for that purpose submits the following statements:

1. Address of current principal office

4071 TATES CREEK CENTRE DRIVE, STE. 202
LEXINGTON, KY 40517

2. Principal office is hereby changed to:

3213 SUMMIT SQUARE PLACE SUITE 200
LEXINGTON, KY 40517

3. Authorized Signature of Entity

DEBORAH PHILLIPS, MD/OWNER

Signature and Title

DEBORAH PHILLIPS, MD/OWNER

Type or print name and title

5/17/2024

Date