

**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  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**HARVEST MOON EMERGENCY PHYSICIANS, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

7700 W. SUNRISE BOULEVARD  
PLANTATION, FL 33322

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

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

**3. Authorized Signature of Entity**

*Andrew W. Mulvey, M.D., Authorized Person*

Signature and Title

Andrew W. Mulvey, M.D., Authorized Person

Type or print name and title

6/29/2022 5:29 PM

Date