

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

HARVEST MOON EMERGENCY PHYSICIANS, LLC

and for that purpose submits the following statements:

1. Address of current principal office

1A BURTON HILLS BOULEVARD

NASHVILLE, TN 37215

2. Principal office is hereby changed to:

20 BURTON HILLS BOULEVARD
Suite 500
NASHVILLE, TN 37215

3. Authorized Signature of Entity

Mark Jeffrey Slepín MD, Authorized Person

Signature and Title

Mark Jeffrey Slepín MD, Authorized Person

Type or print name and title

6/28/2024

Date