## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. Ky Secretary of State

0853806 Michael G. Adams Received and Filed

6/28/2024 3:46:14 PM Fee receipt: \$10.00

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## Statement of Change of **Principal Office Address**

**POC** 

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

## **KY-I MEDICAL SERVICES, P.S.C.**

and for that purpose submits the following statements:

1. Address of current principal office

2. Principal office is hereby changed to:

20 BURTON HILLS BLVD Suite 500 NASHVILLE, TN 37215

NASHVILLE, TN 37215

1A BURTON HILLS BLVD

3. Authorized Signature of Entity

Mark Jeffrey Slepin MD , Secretary Signature and Title Mark Jeffrey Slepin MD Secretary Type or print name and title 6/28/2024 Date