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

Michael G. Adams KY Secretary of State Received and Filed 5/12/2023 1:47:36 PM Fee receipt: \$10.00

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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

LOUISVILLE PATIENT CENTERED MEDICAL HOME, PSC

and for that purpose submits the following statements:

6600 SEMINARY WOODS PLACE 13985 Poplar Lane UNIT 702 Louisville, KY 40299 LOUISVILLE, KY 40241 Signature of Entity James D Charasika MD, President Signature and Title James D Charasika MD, President Signature and title 5/12/2023 5/12/2023	1. Address of current principal office	2. Principal office is hereby changed to:
LOUISVILLE, KY 40241 Signature of Entity James D Charasika MD, President Signature and Title James D Charasika MD, President Type or print name and title		
3. Authorized Signature of Entity James D Charasika MD, President Signature and Title James D Charasika MD, President Type or print name and title	UNIT 702	Louisville, KY 40299
3. Authorized Signature of Entity James D Charasika MD, President Signature and Title James D Charasika MD, President Type or print name and title		
James D Charasika MD, President Signature and Title James D Charasika MD, President Type or print name and title	LOUISVILLE, KY 40241	
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Sgnature and Title James D Charasika MD, President Type or print name and title	3. Authorized Signature of Entity	
James D Charasika MD, President Type or print name and title	James D Charasika MD, President	
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5/12/2023	Type or print name and title	CANYA312
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Date	5/12/2023	
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