## Commonwealth of Kentucky Elaine N. Walker, Secretary of Sta

0775813 Elaine N. Walker Secretary of State Received and Filed

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Elaine N. Walker 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** 

PPOC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

## CMA MEDICAL SERVICES, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1.	<b>Address</b>	of	current	princi	pal	office
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VILLAGE EAST SHOPPING CENTER 1591 WINCHESTER ROAD SUITE 112 LEXINGTON, KY 40505 2. Principal office is hereby changed to:

1350 Eastland Parkway Suite #4 LEXINGTON, KY 40505

3. Signature of officer or chairman of the board

Kendall A. Clay DVM, President
Signature and Title

Type or print name and title

6/27/2011 3:36 PM

Date