

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

NPOC  
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Alison Lundergan Grimes  
KY Secretary of State  
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Secretary of State  
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**Statement of Change of  
Principal Office Address**

**POC**

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

**UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE  
ASSOCIATION, INC.**

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

**1. Address of current principal office**

UNIVERSITY PHYSICIANS ASSOCIATES  
550 S. JACKSON ST.  
LOUISVILLE, KY 40202

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

UNIVERSITY PHYSICIANS ASSOCIATES  
300 E Market St  
Suite 400  
LOUISVILLE, KY 40202

**3. Signature of officer or chairman of the board**

Gregory C. Postel, MD, Chairman of the Board

Signature and Title

Type or print name and title

6/16/2014 10:00 AM

Date