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

L906

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** 

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

## ANESTHESIA ASSOCIATES OF SOUTHERN ILLINOIS, LLC

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

1. Address of current principal office	2. Principal office is hereby changed to:
828 LANE ALLEN ROAD, SUITE 219 LEXINGTON, KY 40504	2716 Old Rosebud STE 201A LEXINGTON, KY 40509
3. Signature of officer or chairman of the board	
Dan Keen, registered agent with authority  Signature and Title	
Type or print name and title	
2/12/2011 10:36 PM  Date	WE THE