

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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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**

**POC**

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

**LOUISVILLE PEDIATRIC SPECIALISTS, P.S.C.**

and for that purpose submits the following statements:

**1. Address of current principal office**

6801 DIXIE HIGHWAY  
STE 127  
P O BOX 58218  
LOUISVILLE, KY 40268-0218

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

6801 DIXIE HIGHWAY  
STE 127  
P.O. BOX 58218  
LOUISVILLE, KY 40268-0218

**3. Authorized Signature of Entity**

*Nika Jackson, Practice Administrator*

Signature and Title

Nika Jackson, Practice Administrator

Type or print name and title

3/15/2023

Date