

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

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
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

**LAKE CUMBERLAND PHYSICIAN NETWORK, PLLC**

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

**1. Address of current principal office**

C/O CHOOSEWELL  
323 W. BROADWAY, SUITE 504  
LOUISVILLE, KY 40202

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

C/O Ihealth Solutions, LLC  
462 S 4th Street Suite 1810  
LOUISVILLE, KY 40202

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

Robert Ziegenfuss, Controller

Signature and Title

Type or print name and title

6/19/2017 8:19 PM

Date