## L906

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

0726842 Elaine N. Walker Secretary of State Received and Filed

8/9/2011 8:42:24 AM Fee receipt: \$10.00

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

## RIVER CITY PSYCHIATRY, LLC

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

1. Address of current principal office	2. Principal office is hereby changed to:
3937 STAEBLER AVE.	4201 Springhurst BLVD
LOUISVILLE, KY 40207	Ste. 203
	LOUISVILLE, KY 40241
3. Signature of officer or chairman of the board	
Matthew McCray Ashby, registered agent	
Signature and Title	
Tune or New come and file	A A A A A A A A A A A A A A A A A A A
Type or print name and title	- CNY//3372 //
8/9/2011 8:42 AM	WE TO ANSW