

**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  
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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

**MID Physician Network (KY), LLC**

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

**1. Address of current principal office**

5665 New Northside Drive  
Suite 520  
Atlanta, GA 30328

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

4819 EMPEROR BOULEVARD  
SUITE 400  
DURHAM, NC 27703

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

RONALD M. CREATORE, CFO/Secretary

Signature and Title

Type or print name and title

6/30/2020 9:36 AM

Date