## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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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** 

L906

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

## SOUTHERN INTEGRATED HEALTHCARE, 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:
2905 BLAIRDON CIRCLE	3216 Orchard Grass Rd
LEXINGTON, KY 40509	LEXINGTON, KY 40509
3. Signature of officer or chairman of the board	d in the second
David Caldman Owner	
David Goldman, Owner Signature and Title	
Type or print name and title	
(288)	CAY/A382
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