

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

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Michael G. Adams  
KY Secretary of State  
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Secretary of State  
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**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

**AHSEN ALI, MD, PSC**

and for that purpose submits the following statements:

**1. Address of current principal office**

160 HOSPITAL DRIVE  
ARH HOSPITAL  
SOUTH WILLIAMSON, KY 41503

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

306 HOSPITAL DRIVE  
Suite 2 C  
SOUTH WILLIAMSON, KY 41503

**3. Authorized Signature of Entity**

*Ahsen Ali Butt, MD*

Signature and Title

Ahsen Ali Butt, MD

Type or print name and title

3/1/2024

Date