6/28/2022 0442351			P601 0442351 Michael G. Adams KY Secretary of State Received and Filed	
Michael G. Adan Secretary of Sta P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky	¹ e Statement of Chang Registered Office, Reg Agent, or Both	Fee receip	6/28/2022 12:31:25 PM Fee receipt: \$10.00	

Pursuant to the provisions of KRS 14A.4-020, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

CLARKSVILLE LIMB & BRACE & REHAB, INC.

and for that purpose submits the following statements:

1. Name of current registered agent	2. Registered agent is hereby changed to:
BRAD WATSON	RANI SAXENA
3. Address of current registered office	4. Registered office is hereby changed to:
1711 ASHLEY CIRCLE	1711 Ashley Circle
SUITE 8	Suite 8
BOWLING GREEN, KY 42104	BOWLING GREEN, KY 42104

5. Authorized Signature of Entity	6. Signature of Registered Agent	
Steven Richter, Director of Finance	I consent to serve as the new registered agent on behalf of this corporation.	
agnature and the	Poni Savana President	
Steven Richter, Director of Finance	Signature and Title	
Type or print name and title		
6/28/2022 12:31 PM	Rani Saxena, President	
Date	Type or print name and title	