

**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

**EXCEL ANESTHESIA, P.S.C.**

and for that purpose submits the following statements:

**1. Address of current principal office**

1020 N. Main St  
Beaver Dam, KY 42320

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

PO Box 8  
Hartford, KY 42347

**3. Authorized Signature of Entity**

*robert Wright, President*

Signature and Title

robert Wright, President

Type or print name and title

5/12/2023

Date