

**Commonwealth of Kentucky  
Trey Grayson, Secretary of State**

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Trey Grayson  
Secretary of State  
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Trey Grayson  
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

**CENTER FOR PAIN MANAGEMENT, P.L.L.C.**

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

**1. Address of current principal office**

467 EASTERN BYPASS  
RICHMOND, KY 40475

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

3217 Summit Square Place  
Suite 100  
Lexington, KY 40509

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

Marshall J. Ney DMD, Owner

Signature and Title

Type or print name and title

6/11/2010 9:48 AM

Date