

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

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Trey Grayson  
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 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**

3217 SUMMIT SQUARE PLACE  
SUITE 100  
LEXINGTON, KY 40509

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

527 West Main Street  
Richmond, KY 40475

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

Marshall J. Ney, Owner

Signature and Title

Type or print name and title

1/25/2011 12:38 PM

Date