

**Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State**

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Elaine N. Walker  
Secretary of State  
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PPOC

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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

**KENTUCKY HEALTH ADMINISTRATORS, INC.**

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

**1. Address of current principal office**

103 WIND HAVEN DR., SUITE 100  
NICHOLASVILLE, KY 40356

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

2331 FORTUNE DRIVE, SUITE 185  
LEXINGTON, KY 40509

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

SHERRY MCKINNEY, PRESIDENT

Signature and Title

Type or print name and title

6/28/2011 11:43 AM

Date