

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**Statement of Resignation of  
Registered Agent**

**SRA**

Pursuant to the provisions of KRS 14A.4-030, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, **CAPITOL CORPORATE SERVICES, INC.**, do hereby  
**resign as registered agent and**  
**discontinue the registered office address**  
**828 LANE ALLEN RD STE 219**  
**LEXINGTON, KY 40504**

2. The business entity which I am resigning from is

**MEDICAL ASSOCIATES OF KENTUCKY PSC**

3. The business is **a corporation (KRS 271B, KRS 273, or KRS 274)**

4. The entity is organized and existing in the state or country of **KY**

5. The agency appointment shall be terminated, and the registered office discontinued, if so provided, on the earlier of:

- (a) The appointment of a seccessor registered agent and, if applicable, registered office; or
- (b) The thirty-first day after the date on which the statement of resignation was filed.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of Registered Agent:  
**CAPITOL CORPORATE SERVICES, INC.**