

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
(502) 564-3490  
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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

**ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.S.C.**

and for that purpose submits the following statements:

**1. Address of current principal office**

LAUREL MEDICAL CENTER  
LOWER LEVEL  
1675 SOUTH MAIN STREET  
LONDON, KY 40741

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

P.O. Box 1300  
LONDON, KY 40743

**3. Authorized Signature of Entity**

*Steven Anderson, Owner, Anderson Oral and*

Signature and Title

Steven Anderson, Owner, Anderson Oral and

Type or print name and title

3/8/2025

Date