

8/30/2013
0829392

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0829392
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
8/30/2013 2:12:51 PM
Fee receipt: \$10.00

L905

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

TRIPLE CROWN HEALTHCARE MANAGEMENT, LLC

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

1. Name of current registered agent

UNITED STATES CORPORATION AGENTS, INC.

2. Registered agent is hereby changed to:

United States Corporation Agents, Inc.

3. Address of current registered office

2333 ALEXANDRIA DRIVE
LEXINGTON, KY 40504

4. Registered office is hereby changed to:

9900 CORPORATE CAMPUS DRIVE
SUITE 3000
LOUISVILLE, KY 40223

5. Signature of officer or chairman of the board

Cheyenne Moseley, Operations Manager

Signature and Title

Type or print name and title

8/30/2013 2:12 PM

Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Cheyenne Moseley, Operations Manager

Signature and Title

Type or print name and title