

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
KY Secretary of State  
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NPOC

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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

**TRIAD HEALTH SYSTEMS, INC.**

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

**1. Address of current principal office**

872 HWY US 42 W.  
WARSAW, KY 41095

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

441 HWY US 42 W.  
WARSAW, KY 41095

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

Roger Williams, Chief Financial Officer

Signature and Title

Type or print name and title

4/23/2015 9:30 AM

Date