Filing Fee: \$20.00

ID Number: 136152



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a lange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:
	Emergency Medicine Physicians of Providence County, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	10 Weybosset Street, Providence, RI 02903
3.	The NEW address of the resident agent is:
	222 Jefferson Blvd., Suite 200, Warwick, RI 02888
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	CT Corporation System
5.	The name of the NEW resident agent is: National Registered Agents, Inc.
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: <u>108/31/2007</u> Emergency Medicine Physicians of Providence County, LLC Print Name of Limited Liability Company
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