Filing Fee: $20.00

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2009 JUN -2 PM 9:15

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

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change 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:
   Parenteral Infusion Associates, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   123 Dyer Street, Providence RI 02903

3. The NEW address of the resident agent is:
   ~~10 Weybosset Street, Providence, RI 02903~~ 155 South Main St. Suite 301 Providence 02903

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   Michael R. Goldenberg, Esq.

5. The name of the NEW resident agent is:
   CT Corporation

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.

Date: June 1, 2009

Parenteral Infusion Associates, LLC
Print Name of Limited Liability Company

Signature of Authorized Person

FILED
JUN - 2 2009
By OX10331
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Form No. 642
Revised: 12/05