Filing Fee: \$10.00

ID Number: <u>031150</u>



Form No. 641 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

NON-PROFIT CORPORATION

STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-6-13 or 7-6-78 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1.	The name of the corporation is RIVETER	INARY MEDICAL ASSOCIATION 3	())
2.	Secretary or State is:	LY shown in the corporate records on file with the	\circ
	302 PEARL ST, #108 PROVI	DENCE RI 02907	PAR C
3.	The address of the NEW registered office is:	A	VED OF STA
4.	The name of the registered agent as PRESENTL' Secretary of State is: DAVID SWEIT, VNID	Y shown in the corporate records on file with the Rich	ode Island.
5.	The name of the NEW registered agent is: RACMEL COUSTAN, DVM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
6.	The address of the corporation's registered office a will be identical.	and the address of the office of its registered agent, as	changed,
7.	The change was authorized by resolution duly adop		0 37
		Under penalty of perjury, I declare that the information contained herein is true and correct.	5:48
Dat	e: 06 04 0 9	RI VENERINARY MEDICAL ASSO	CATICA
		By R. Coustan DVM Its President or Its Vice President	
	FII FD	_	-

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