Filing Fee: \$20.00

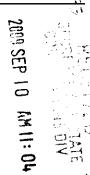
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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:

- The name of the limited liability company is:
 <u>AGAPE PRIMARY CARE AND LASER CENTER, LLC</u>
 The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
 2080 MINERAL SPRING AVENUE, NORTH PROVIDENCE, RI 02911
 The NEW address of the resident agent is:
 650 WASHINGTON HWY., LINCOLN, RI 02865
 The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
 JASON BUCO
 The name of the NEW resident agent is:
 JOSEPH RAHEB, ESQ.
- 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.

Date: JUNE 30, 2009

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Under penalty of perjury, I declare that the information contained herein is true and correct.

AGAPE PRIMARY CARE AND LASER CENTER, LLC

Print Name of Limited Liability Company

Signature of Authorized Person

Frank M. D'Alessandro, M.D. Member

Form No. 642 Revised: 12/05