

Filing Fee: \$20.00

ID Number: 165206



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:
PLAINFIELD PIKE PHARMACY 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:
50 KENNEDY PLAZA, #1500 PROVIDENCE, RI 02903
3. The NEW address of the resident agent is:
48 HENETT STREET, WARWICK, RI 02889
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
DMD J. TRACY
5. The name of the NEW resident agent is:
BRIAN BUCCI
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: 10-1-09

PLAINFIELD PIKE PHARMACY ASSOCIATES, LLC
Print Name of Limited Liability Company

[Signature]
Signature of Authorized Person

FILED

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By [Signature]
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