Filing Fee: \$20.00



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

Pu cha	Pursuant to the provisions of Section 7-16-11 of the Genera change of its resident agent and the address of its resident ag	Laws, 1956, as amended, the undersigned authorizes a ent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	Sebastian Trombatore, M.D., LLC	
2.	State is:	n in the records on file with the Rhode Island Secretary of
	18 Imperial Place, Suite 1G Providence, RI 02903	
3.	Ü	SECRE CORP CORP
	300 Tollgate Road Warwick, RI 02886	N SAM
4.	State is:	11: S DI S D
	Allieu 1. Marciano, CFA	The state of the s
5.	The name of the NEW resident agent is: Sebastian Trombatore, MD	
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, become effective upon the filing of this statement.		of address of the resident agent, as the case may be, shall
	Unde conta	r penalty of perjury, I declare that the information ined herein is true and correct.
Da	Date: December 8,2009 Seba	stian Trombatore, M.D., LLC Print Name of Limited Liability Company
	<u>~</u>	Signature of Authorized Person
Form	Form No. 642	FILED

Revised: 12/05

DEC 24 2009 By 77/06884