

Filing Fee: \$20.00

ID Number: 161697



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:

DENTAL ASSOCIATES OF CUMBERLAND, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

105 SECKINOSSET CROSSROAD, SUITE 318, CRANSTON, RI 02920

3. The NEW address of the resident agent is:

ONE WORTHINGTON ROAD, CRANSTON, RI 02920

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

KIM WOONGTAE, JD, LL.M.

5. The name of the NEW resident agent is:

RICHARD RICCIARTELLI, CPA (401) 941-9800

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: 3/5/10

DENTAL ASSOCIATES OF CUMBERLAND, LLC

Print Name of Limited Liability Company

Signature of Authorized Person

(617) 899-7825

FILED

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