Filing Fee: \$20.00

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Form No. 640 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

## **BUSINESS CORPORATION**

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 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 Woursocket Urgent CARE 10
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	501 Centerville tel # 105 A WARWICK AI 07866
3.	The address of the NEW registered office is:
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:    Au
5.	The name of the NEW registered agent is:    Paul Vallera
	6. The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on
	(a date not prior to, nor more than 30 days after, filling this statement)
Dat	Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.
	Signature of Authorized Officer of the Corporation
	Type or Print Name of Authorized Officer
	I VUC UL FIIII NAME OF AUTOCITAN ( ) TICAT

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