Filing Fee: \$20.00

ID Number: _____550690



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

Pui cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorized ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:	es a
1.	The name of the limited liability company is:	
	DEBBI MCINTEER, MD LLC	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretar State is:	ry of
	222 JEFFERSON BOULEVARD STE. #200 WARWICK, RI 02888	Ω.
	SE S	
3.	The NEW address of the resident agent is:	7
	4474 POST ROAD, EAST GREENWICH, RI 02818	<u> </u>
		- i •<
4.		
	UNITED STATES CORPORATION AGENTS, INC.	
5.6.	The name of the NEW resident agent is: DEBBI MCINTEER The appointment of a new resident agent and the change of address of the resident agent, as the case may be, a become effective upon the filing of this statement.	 shall
	Under penalty of perjury, I declare that the information contained herein is true and correct.	ıtion
Da	té: 9/15/1/ DEBBI MCINTEER, MD LLC	
	Print Name of Limited Liability Company	_
	Signature of Authorized Person	
	FILED	
	m No. 642 rised: 12/05 SEP 1 6 2011	
	By 3152177	