



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company

Statement of Change of Address of the Resident Agent

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

PK Health, LLC

SECTION II

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

16 HIGH STREET WESTERLY , RI 02891-

SECTION III

The NEW address of the resident agent is:

No. and Street: C/O 250 WAMPANOAG TRAIL

City or Town: RIVERSIDE

State: RI Zip: 02915

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 30 days after, filing this Statement)

Signed this 3 Day of November, 2011 at 2:37:39 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

PHIL SLOAN

Signature of Resident Agent

Form No. 642
Revised 09/07



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

