REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>276596</u>
STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT	
	eneral Laws, 1956, as amended, the undersigned resident agent, mits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Medist	ar Rhode Island, LLC
The address of the resident agent as PRESENTLY shown is:	in the records on file with the Rhode Island Secretary of State
10 Weybosset Street, Providence, Rhode I	sland 02903
3. The NEW address of the resident agent is:	
10 Dorrance Street, Suite 530, Providence,	Rhode Island 02903
4. The change of address of the resident agent shall become e	effective upon the filing of this statement, or on
(a date not prior to, nor more than 30	0 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:2/8/2013	Kenneth J. Uva, Vice President
FILED	Print Name of Resident Agent
FEB 1 2 2013	Kenneth J Uva
BY	Signature



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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

