

Filing Fee: \$20.00

ID Number: 504537



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:

- The name of the limited liability company is:
PROVIDENCE INTERVENTIONAL PAIN, LLC
- The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
21 A WATERVIEW DRIVE SMITHFIELD, RI 02917
- The NEW address of the resident agent is:
298 ARMISTICE BLVD, PAWTUCKET, RI 02861
- The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
ASHRAF FARID
- The name of the NEW resident agent is:
MICHELLE CARELLU
- 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.

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CORPORATIONS DIVISION

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 3/6/13

ASHRAF FARID
Print Name of Limited Liability Company

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[Signature]
Signature of Authorized Person

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BY *m 193361*
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