

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:

1. The name of the limited liability company is:

PROVIDENCE INTERVENTIONAL PAIN, LLC

2. 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

3. The NEW address of the resident agent is:

298 ARMISTICE BLVD, PAWTUCKET, RI 02861

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

ASHRAF FARID

5. The name of the NEW resident agent is:

MICHELLE CARELLU

6. 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.

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

FILED ^m

MAR 22 2013

BY m 193361

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[Signature]

Signature of Authorized Person