## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number <u>148997</u>
	ENT OF CHANGE OF ADDRESS THE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(cor the person signing on behalf of the reside agent's address within this state:	e)(1) of the General Laws, 1956, as amended, the undersigned resident agent, nt agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is	x:
Dia	lysis Center of Wakefield LLC
	NTLY shown in the records on file with the Rhode Island Secretary of State
is: 10 Dorrance Street, Suite 530	), Providence, RI 02903
3. The NEW address of the resident agent is:	
450 Veterans Memorial Park	way, Suite 7A, East Providence, RI 02914
4. The change of address of the resident agent s	hall become effective upon the filing of this statement, or on
(a date not prior to, no	r more than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 6/14/13	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
FILED	Kenneth J. Uva
JUN 1 7 2013	Signature
Bv	



## 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

