# REGISTERED BUSINESS CORPORATION

**No Filing Fee** **ID Number:** 114446

## STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.2-502(d) or 7-1.2-1409(d) of the General Laws of Rhode Island, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is

   Northeast Medical Equipment, Inc.

2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

   10 Dorrance Street, Suite 530, Providence, RI 02903

3. The address of the NEW registered office is:

   450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914

4. The change of address of the registered office 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)

5. A copy of this Statement has been mailed to the corporation.

Date: 6/14/13

Kathleen Fritz, Vice President
Type or Print Name of Registered Agent

FILED

JUN 17 2013

BY _____

*Kathleen Fritz*
Signature of Registered Agent