Filing Fee: \$10.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

FILED

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NON-PROFIT CORPORATION By awa

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STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-6-13 or 7-6-78 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

(i ie	state of Knode Island.
1.	The name of the corporation is The Miriam Hospital
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 Weybosset Street, 10th Floor, Providence, RI 02903
3.	The address of the NEW registered office is:
	167 Point Street, Providence, RI 02903
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	Norman G. Orodenker, Esq.
5.	The name of the NEW registered agent is: Kenneth E. Arnold
3 .	The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.
7.	The change was authorized by resolution duly adopted by its board of directors.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	e: ///07/06 The Miriam Hospital
	Print Corporate Name

Form No. 641 Revised: 12/05