

Filing Fee: \$20.00

ID Number: 000082927



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 PARTNERSHIP

STATEMENT OF CHANGE OF SPECIFIED OFFICE
AND/OR REGISTERED AGENT

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Pursuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a change of its specified office and/or its registered agent in the state of Rhode Island as follows:

1. The name of the limited partnership is:
ASCO Healthcare of New England Limited Partnership
2. The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
(Applicable to domestic limited partnerships only)
3. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is:
(Applicable to domestic limited partnerships only)
4. The name of the registered agent for service of process as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
CORPORATION SERVICE COMPANY
5. The name of the NEW registered agent for service of process is:
C T Corporation System
6. The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
222 JEFFERSON BOULEVARD, SUITE 200 WARWICK RI 02888
7. The NEW address of the registered agent is:
450 Veterans Memorial Parkway, Suite 7A, East Providence, Rhode Island 02914

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Date: 5/31/2016

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

ASCO Healthcare of New England Limited Partnership

Print Name of Limited Partnership

By

General Partner

FILED

JUN 22 2016

By 277334

A.A. 2:33pm

Form No. 643
Revised: 12/05

ASCO Healthcare of New England, LLC,
GP by: Olga Hinkel, Manager