State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
899549	**The Post Hospitalist Company, P.C.**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
450 Veterans Memorial Parkway, Suite 7A			
City/Town **East Providence**	State **RHODE ISLAND**	Zip **02914**	

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
CT Corporation System

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
222 Jefferson Blvd., Suite 200		
City/Town **Warwick**	State **RHODE ISLAND**	Zip **02888**

6. The name of the **NEW** registered agent is:
Registered Agent Solutions, Inc.

7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of Authorized Officer of the Corporation	Date
Thomas M. Prose	10/04/16

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

RI DEPT. OF STATE 2016 OCT 21 12:10:02 FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

10:30 **FILED**
OCT 21 2016
BY 286578

FORM 640 - Revised: 06/2016

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