

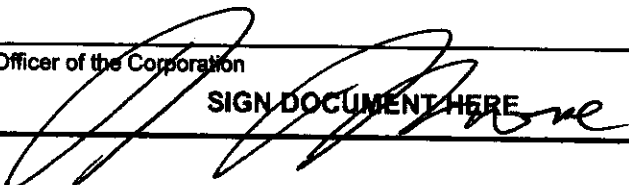


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 899549		2. Exact Name of the Corporation 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 Thomas M. Prose			Date 10/04/16
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE			

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 