



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

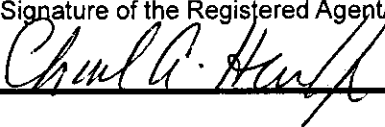
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 12261		2. Exact Name of the Corporation WILLIAM G. TSIARAS, M.D., INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 123 DYER STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 10 DORRANCE STREET, SUITE 400			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
5. 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) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation CHARLES A. HAMBLY, JR.			Date 11/7/16
Signature of the Registered Agent/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

11:04 **FILED**
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BY 