



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

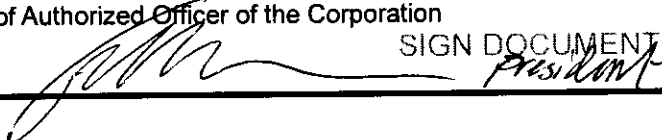
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RI DEPT. OF STATE  
BUS. SVCS. DIV.  
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**Statement of Change of Agent**

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<br><i>000162407</i>                                                                                                                                                             |  | 2. Exact Name of the Corporation<br><i>FRANKLIN E. MIRRER, M.D., ORTHOPAEDIC SURGEON, INC.</i> |                           |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |  |                                                                                                |                           |
| Street Address<br><i>670 WILLET AVENUE</i>                                                                                                                                                          |  |                                                                                                |                           |
| City/Town<br><i>EAST PROVIDENCE</i>                                                                                                                                                                 |  | State<br><b>RHODE ISLAND</b>                                                                   | Zip<br><i>02915</i>       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><i>DEAN G. ROBINSON, ESQ.</i>                                              |  |                                                                                                |                           |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                                                |                           |
| Street Address (NOT a P.O. Box)<br><i>215 TOLL GATE RD. SUITE 206</i>                                                                                                                               |  |                                                                                                |                           |
| City/Town<br><i>WARWICK</i>                                                                                                                                                                         |  | State<br><b>RHODE ISLAND</b>                                                                   | Zip<br><i>02886</i>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><i>FRANKLIN E. MIRRER, M.D.</i>                                                                                                               |  |                                                                                                |                           |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX                                                                                                     |  |                                                                                                |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |  |                                                                                                |                           |
| <input type="checkbox"/> 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<br><i>FRANKLIN E. MIRRER, M.D. - PRESIDENT</i>                                                                                                        |  |                                                                                                | Date<br><i>11/17/2016</i> |
| Signature of Authorized Officer of the Corporation<br><br>SIGN DOCUMENT HERE <i>PRESIDENT</i>                    |  |                                                                                                |                           |

**MAIL TO:**

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

**FILED**

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