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

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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	2. Exact Name of the Corporation
000162407	FRANKLIN E. MIRRER, M.D., ORTHOPAEDIC SURGEON, INC.

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

Street Address		
670 WILLETT AVENUE		
City/Town: EAST PROVIDENCE	State: **RHODE ISLAND**	Zip: 02915

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
DEAN G. ROBINSON, ESQ.

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

Street Address (NOT a P.O. Box)		
215 TOLL GATE RD. SUITE 206		
City/Town: WARWICK	State: **RHODE ISLAND**	Zip: 02886

6. The name of the **NEW** registered agent is:
FRANKLIN E. MIRRER, M.D.

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
FRANKLIN E. MIRRER, M.D. - PRESIDENT	11/17/2016

Signature of Authorized Officer of the Corporation
SIGN DOCUMENT HERE President

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

FILED
NOV 21 2016
By 2890440
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