



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

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RI DEPT. OF STATE
BUS. SVCS. DIV.
2016 NOV 21 PM 12:14

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 <i>000162407</i> | | 2. Exact Name of the Corporation <i>FRANKLIN E. MIRER, M.D., ORTHOPAEDIC SURGEON, INC.</i> | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address <i>670 WILLET AVENUE</i> | | | |
| City/Town <i>EAST PROVIDENCE</i> | | State RHODE ISLAND | Zip <i>02915</i> |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <i>DEAN G. ROBINSON, ESQ.</i> | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) <i>215 TOLL GATE RD. SUITE 206</i> | | | |
| City/Town <i>WARWICK</i> | | State RHODE ISLAND | Zip <i>02886</i> |
| 6. The name of the NEW registered agent is: <i>FRANKLIN E. MIRER, 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 <i>FRANKLIN E. MIRER, M.D. - PRESIDENT</i> | | | Date <i>11/17/2016</i> |
| Signature of Authorized Officer of the Corporation <i>[Signature]</i> 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

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