RI SOS Filing Number: 201628288760 Date: 11/30/2016 11:14 AM

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

2016 NOV 30 AM 11:12
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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
1571	**Atwood Medical Associates, Ltd**

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

Street Address	City/Town	State	Zip
1526 Atwood Avenue, Suite 100	**Johnston**	**RHODE ISLAND**	**02919**

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

Elaine Narducci

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

Street Address (NOT a P.O. Box)	City/Town	State	Zip
1524 Atwood Avenue Suite 220	**Johnston**	**RHODE ISLAND**	**02919**

6. The name of the **NEW** registered agent is:

Tina Matos

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
Elaine Narducci	**11/28/2016**

Signature of Authorized Officer of the Corporation

Elaine Narducci SIGN DOCUMENT HERE

11:14 **FILED**
NOV 30 2016
BY JB 289642

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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