



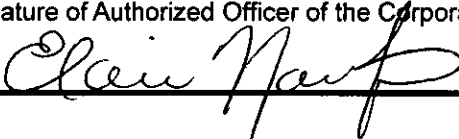
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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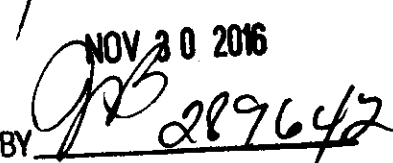
Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ 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 1571		2. Exact Name of the Corporation 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 1526 Atwood Avenue, Suite 100			
City/Town Johnston		State RHODE ISLAND	Zip 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 (<u>NOT</u> a P.O. Box) 1524 Atwood Avenue Suite 220			
City/Town Johnston		State RHODE ISLAND	Zip 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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Elaine Narducci			Date 11/28/2016
Signature of Authorized 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

11:14 **FILED**
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BY  289642