

Filing Fee: \$20.00

Corp. I.D. # 64603

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH
OF

Silver Spring Health Care Management, Inc.

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section..... of the General Laws, 1956, as
(Insert "7-1.1-12" if a domestic corporation, or "7-1.1-107" if a foreign corporation)

RHODE ISLAND....., submits the following statement for the purpose of changing its
registered office or its registered agent, or both, in the State of Rhode Island:

FIRST: The name of the corporation is

Silver Spring Health Care Management, Inc.

SECOND: The address of its present registered office is..... 2700 Hospital Trust Tower

~~ONE OLD STONE SQUARE, PROV. R.I. 02903~~

THIRD: The address to which its registered office is to be changed is.....

57 Exchange Terrace, Prov. R.I. 02903

FOURTH: The name of its present registered agent is

Jeffery Alexander

FIFTH: The name of its successor registered agent is.....

Don Wineberg

SIXTH: The address of its registered office and the address of the business office of
its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of
directors.

Dated..... Feb 27....., 1996.....

PAID

MAR 14 1996
KID 157952
SECY OF STATE

Ralph L. Misto Jr.
By.....

By.....

ItsPresident

STATE OF R.I.

COUNTY OF Washington } Sc.

At Waterfield.....in said county on this 27th day

of February....., 1996, personally appeared before me

Ralph L. Misto Jr......, who, being by me first duly sworn, declared that he

is the PRESIDENT.....of SILVER SPRING HEALTH CARE MANAGEMENT, INC.

that he signed the foregoing document as PRESIDENT.....of the

corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

Karen M. Fitzgerald
Notary Public

MY COMMISSION EXPIRES JULY 10, 1997