



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

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 1338109		2. Exact Name of the Limited Liability Company Surgery Center of Rhode Island, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Rhode Island Hospital, Room 149.2 - 593 Eddy Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kenneth E. Arnold			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) Lifespan Corporation, 167 Point Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
6. The name of the NEW resident agent is: Paul J. Adler			
7. Date when this Statement of Change of Resident 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) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Mary A. Wakefield			Date 6-1-17
Signature of Authorized Person of the Limited Liability Company <i>Mary A. Wakefield</i> SIGN DOCUMENT HERE			

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 16 AM 10:34

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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