



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

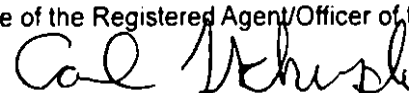
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 1662639		2. Exact Name of the Corporation QUALITY PHYSICAL THERAPY, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 141 KNIGHT STREET			
City/Town WARWICK	State RHODE ISLAND	Zip 02886	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) C/O PETRO FUEL(ESI) 141 KNIGHT STREET			
City/Town WARWICK	State RHODE ISLAND	Zip 02886	
5. 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 90 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation CAROL TSCHIRPKE			Date ✓ 9/18/2017
Signature of the Registered Agent/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

FILED

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BY 