



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

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R.I. DEPT. OF STATE  
BUSINESS DIV

**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<br><b>1662639</b>   |  | 2. Exact Name of the Corporation<br><b>QUALITY PHYSICAL THERAPY, INC.</b> |                            |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>141 KNIGHT STREET</b>  |  |   |                            |
| City/Town <b>WARWICK</b>  |  | State <b>RHODE ISLAND</b>   | Zip <b>02886</b>           |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>C/O PETRO FUEL(ESI) 141 KNIGHT STREET</b>  |  |   |                            |
| City/Town <b>WARWICK</b>  |  | State <b>RHODE ISLAND</b>   | Zip <b>02886</b>           |
| 5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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).<br><i>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.</i> |  |   |                            |
| Name of the Registered Agent/Officer of the Corporation<br><b>CAROL TSCHIRPKE</b>   |  |   | Date<br><b>✓ 9/18/2017</b> |
| Signature of the Registered Agent/Officer of the Corporation<br><b>✓ Carol Tschirpke</b> 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](http://www.sos.ri.gov)

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**FILED**

SEP 20 2017

BY