## OR REGISTERED AGENT, OR BOTH. CF

To the Sounds of St.
To the Secretary of State
of the State of Rhode Island
Pursuant to the provisions of Section 7-1.1-12
amended, the undersigned corporation, organized under the laws of the State of
and the or its registered agent or both in the State of the or anging its
BRIARCLIFFE HEALTHCARE
SECOND: The address of its
EDWARDS & ANGELL, 2700 HOSPITAL TRUST TOWER, PROVIDENCE, R. I. 02903
THIRD: The address to which its registered office is to be changed is  BRIARCLIFFE HEALTHCARE FACILITY, P.O. BOX 19550, JOHNSTON, R. L. 02010
BRIARCLIFFE HEALTHCARE FACILITY, P.O. BOX 19550, JOHNSTON, R.I. 02919
EDWARDS & ANGELL
FIFTH: The name of its successor registered agent is AKSHAY K. TALWAR BRIARCLIFFE HEALTHCARE FACILITY
to registered agent, as changed, will be identical
SEVENTH: Such change was authorized by resolution duly adopted by its board of
ated FEBRUARY 20 , 19 90
deplone Raraino
By ALPHONSE R. CARDI, M.D.
Its President
ATE OF RHODE ISLAND
UNTY OF PROVIDENCE SC.
At PROVIDENCE in said county on this 20 TH day
TEBRUARY  in said county on this  20 TH day  CARD i M.D.  who, being by me first duly and a series of the series o
CARDI, M.D., personally appeared before me ALPIHONSE  who, being by me first duly sworn, declared that he  of Marrian these
he Parsing of Madical Hours, or R. I Tale.  he signed the loregoing document as—Parsing of R. I Tale.  cration, and that the statements therein contained are true.
dictem contained are true.
TARIAL SEAL) Dant Release
My Commission Expired June 30, 1991