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

OF

Or .
Newport County Emergency and Medical Treatment Office, Inc.
To the Secretary of State of the State of Rhode Island
Pursuant to the provisions of Section 7-1.1-12 of the General Laws, 1956, as (Insert "7-1.1-12" if a domestic corporation, or "7-1.1-107" if a foreign corporation.)
amended, the undersigned corporation, organized under the laws of the State of
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 Newport County Emergency and Medical Treatment Office, Inc.
SECOND: The address of its present registered office is 225 Waterman Avenue,
East Providence, Rhode Island
THIRD: The address to which its registered office is to be changed is 124 Taunton
Avenue, East Providence, Rhode Island
FOURTH: The name of its present registered agent is Robert V. Rossi
FIFTH: The name of its successor registered agent is Robert V. Rossi
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 March 1, , 19 88 NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
By Adant Agandon un
Its President
STATE OF RHODE ISLAND)
COUNTY OF PROVIDENCE Sc.
At East Providence in said county on this lst day
of March , 1988 , personally appeared before me
Robert L. Gordon, M.D. who being by me first duly sworn, declared that he
is the President of Newport County Emergency and Medical Treatment Office, Inc.
that he signed the foregoing document as President of the corporation, and that the statements therein contained are true.
r

ENTERED JUN 1 8 1988

(NOTARIAL SEAL)

Notary Public

FORM 5

88. HV he 11 Ll Hnf