Filing Fee: \$20.00

ID Number: 138112



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1.	The name of the limited liability company is: Medical Strategies and Management Systems
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 120 Crossing Drive #301 Cumherland RI 62864
3.	The NEW address of the resident agent is: 270-C Waterman Street Providence, RI 02906
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: $Emi(is) = S_r Be(a val M.0)$
5.	The name of the NEW resident agent is: Same Emilio 5. Bolaval M.D.
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 1/05/06 Medical Strategies and Monsyement Systems Print Name of Limited Liability Company
	Signature of Authorized Person