Filing fee: \$10.00

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

OF

Or .
RYAN HEALTH CENTER, 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 RYAN HEALTH CENTER, INC.
SECOND: The address of its present registered office is 80 MORGAN AVENUE, JOHNSTON, RI
THIRD: The address to which its registered office is to be changed is 1015 RESERVOIR AVENUE, CRANSTON, RI
FOURTH: The name of its present registered agent is
ELLIOT S. COHEN, ESQUIRE
FIFTH: The name of its successor registered agent is ELLIOT S. COHEN, ESQUIRE
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 DECEMBER 14
RYAN HEALTH GENTER, INC. /
By Cliffia
Its. President Secretary
STATE OF RHODE ISLAND
County of Providence Sc.
At CRANSTON in said county on this 14th day
of December , 19 81 , personally appeared before me ELLIOT S. COHEN
is the SECRETARY of RYAN HEALTH CENTER, INC.
that he signed the foregoing document as SECRETARY of the corporation, and that the statements therein contained are true.
<i>v</i> · // /
18 (S. 1815)
(NOTARIAL SEAL) Notary Public Notary Public