

Filing fee: \$10.00

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

..... ORTHOPAEDIC ASSOCIATES, 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 ORTHOPAEDIC ASSOCIATES, INC.

SECOND: The address of its present registered office is 243 Elmwood Avenue,
Providence, Rhode Island

THIRD: The address to which its registered office is to be changed is
301 Reservoir Avenue, Providence, Rhode Island 02907

FOURTH: The name of its present registered agent is A. Louis Marioenzi, M. D.

FIFTH: The name of its successor registered agent is Same

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 August 29, 1980

ORTHOPAEDIC ASSOCIATES, INC.

By *A. Louis Marioenzi*
Its President

STATE OF RHODE ISLAND }
COUNTY OF PROVIDENCE } SC.

At _____ in said county on this _____ day
of _____, 19____, personally appeared before me
A. Louis Marioenzi, M. D., who, being by me first duly sworn, declared that he
is the President of ORTHOPAEDIC ASSOCIATES, INC.
that he signed the foregoing document as President of the
corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

8-26A14-100081

Linda L. Angell
Notary Public

SEP 26 1980
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