RI SOS Filing Number: 201984710110 Date: 1/18/2019 10:16:00 AM



Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

2019 JAN 18	SECRETARY CORPORATI
AM 10: 15	IVED STATE

1. Entity ID Number		2. Exact Name of the Corporation			
000028426	Lifespan Physician Group, Inc.				
	istered office as PRESENTLY show	wn in the records on file with t	the RI Department of State:		
Street Address 167 Point S	Street				
City/Town Providence		State RHODE ISLAND	^{Zip} 02903		
4. The address of the NE					
Street Address (NOT a P.O.	Box) 245 Chapman Street, Suite	200			
City/Town Providence		State RHODE ISLAND	^{Zip} 02905		
5. Date when the Change	of Registered Office will be effecti	ve: CHECK ONE BOX ONLY	· · ·		
✓ Date received (Upor	i filing)				
Later effective date	Date must be no more than 30 day	vs from the date of filing)			
6. A copy of this Stateme	nt has been mailed to the corporati	on (applicable when agent re	cords statement).		
7. If recorded by the corp	oration, the change was authorized	by a resolution duly adopted	by its board of directors.		
	I declare and affirm that I have exa ned herein are true and correct.	mined these Statement of Ch	nange of Registered Office, and		
Name of the Registered Agent/President or Vice President of the Corporation Date					
Steven Lampert, M.D., MBA			1/17/2019.		
Signature of the Register	ed Agent/President or Vice Preside				
<i></i>	- Jaupa	·			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JAN 1 8 2019

BY A - 10:16 A.M.