Filing Fee: \$20.00 ID Number: <u>53018</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the state of Rhode Island:

1.	The name of the corporation is MIDLAND MEDICAL, INC.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: ROBERTS, CARROLL, FELDSTEIN & PEIRCE 10 WEYBOSSET STREET, PROVIDENCE, RI 02903
3.	The address of the NEW registered office is: LEROUX & GARCEAU, LLP 680 WARREN AVENUE, EAST PROVIDENCE, RI 02914
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	EDWARD D. FELDSTEIN, ESQUIRE
5.	The name of the NEW registered agent is: RICHARD A. LEROUX
	RICHARD A: BERGON
6.	The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement, or on JANUARY 21, 2000 (a date not prior to, nor more than 30 days after, filing this statement)
	The change was authorized by resolution duly adopted by its board of directors. PAID MIDLAND MEDICAL, INC.
	SEC'Y OF STATE By. Doch L Sow
	ATE OF RHODE ISLAND OUNTY OF PROVIDENCE Its President or Its Vice President Ounty OF PROVIDENCE
is t	In LAST PROVISENCE, on this 1974 day of SANUARY, 2000, personally appeared who, being by me first duly sworn, declared that he/star signed the foregoing document as the officer of the corporation, and that the statements herein contained are true. Notary Public My Commission Expires: 126, 2001

Form No. 640 Revised: 01/99