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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

CORPORATION OF 08

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation		
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000073023	NHCC Medical Associates, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 167 Point Street			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Kenneth E. Arnold			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 245 Chapman Street, Suite 200			
City/Town Providence		State RHODE ISLAND	^{Zip} 02905
6. The name of the NEW registered agent is:			
Paul J. Adler			
The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of President/Vice President of the Corporation			Date
John Murphy, M.D.			3/5/19
Signature of President/Vice President of the Corporation			
SIGN DOCUMENT HERE			

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

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