

Filing Fee: \$20.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:
Essential Health, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
Robert Daignon 420 Angell St. Providence RI 02906
3. The NEW address of the resident agent is:
916 Mineral Spring Ave, Pawtucket, RI 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
~~Michelle Huyler~~ Robert E. Daignon, GSA
5. The name of the NEW resident agent is:
Michelle A. Huyler
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

05 DEC 27 AM 10:16

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 12/27/05

Essential Health, LLC
Print Name of Limited Liability Company

Michelle A. Huyler
Signature of Authorized Person

FILED

DEC 27 2005

By [Signature] 85330