

No Fee

Corp. I.D. #

19547

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

JW

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section _____ 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 RHODE ISLAND CHIROPRACTIC
PAIN CONTROL CLINIC, INC.

SECOND: The address of its present registered office is 3715 BROADWAY,
PROVIDENCE, RHODE ISLAND 02909

THIRD: The address to which its registered office is to be changed is 1126
HARTFORD AVENUE, JOHNSTON, RHODE ISLAND 02919

FOURTH: The name of its present registered agent is DR. WILLIAM E.
LANCELLOTTI, PRESIDENT

FIFTH: The name of its successor registered agent is DR. WILLIAM E. LANCELLOTTI,
PRESIDENT; DR. WILLIAM E. LANCELLOTTI, JR., VICE-PRESIDENT; DR. JOSEPH L.
LANCELLOTTI, VICE-PRESIDENT

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. AUTHORIZED AND ADOPTED 10-01-89.,

Dated 2-12, 19 90

Dr. William E. Lancellotti

By Dr. William E. Lancellotti

Its President

STATE OF Rhode Island }
COUNTY OF Providence } Sc.

At 1126 Hartford Avenue, Johnston said county on this 12th day
of February, 1990, personally appeared before me Dr. William
E. Lancellotti, who, being by me first duly sworn, declared that he
is the President of R.I. Chiropractic Pain Control Clinic
that he signed the foregoing document as President of the Inc.
corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

Susan F. Patterson
Notary Public