

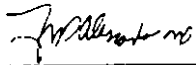


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**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company


→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number <b>1659523</b>		2. Exact Name of the Limited Liability Company <b>Greenwich Bay Medical Associates, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>450 Veterans Memorial Parkway, Suite 7A</b>			
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02914</b>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>CT Corporation System</b>			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>Nixon Peabody LLP, One Citizens Plaza, Suite 500</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
6. The name of the NEW resident agent is: <b>Stephen D. Zublago, Esq.</b>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>Frank D'Alessandro, M.D.</b>			Date <b>1/15/2020</b>
Signature of Authorized Person of the Limited Liability Company  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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