

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

**AFFILIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.**

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-12 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  
, 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  
AFFILIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.

SECOND: The address of its present registered office is  
989 RESERVOIR AVENUE, CRANSTON, RI

THIRD: The address to which its registered office is to be changed is  
225 EAST AVENUE, PAWTUCKET, RI 02860

FOURTH: The name of its present registered agent is  
JOSEPH SAMARTANO, JR.

FIFTH: The name of its successor registered agent is  
ALBERT A. DIFIORE

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.

Dated *March 6*, 19*97*

AFFILIATES IN ORAL AND MAXILLOFACIAL  
SURGERY, LTD.

By *[Signature]*

Its President

STATE OF RHODE ISLAND }  
COUNTY OF *Providence* } SC.

At *Cranston* in said county on this *6* day  
of *March*, 19 *97*, personally appeared before me  
Joseph Samartano, Jr., who, being by me first duly sworn, declared that he  
is the president of AFFILIATES IN ORAL AND MAXILLOFACIAL  
SURGERY, LTD.  
that he signed the foregoing document as president of the  
corporation, and that the statements therein contained are true.

**FILED**

MAR 25 1997

By *[Signature]* (NOTARIAL SEAL)

NOTARY PUBLIC  
STATE OF RHODE ISLAND  
02815028

FORM 9

*[Signature]*  
Notary Public  
*Ruth A. Desmarais*  
My Comm. Expires 6-19-97