



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

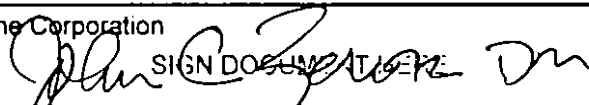
RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2020 FEB 26 AM 11:46

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 101462		2. Exact Name of the Corporation South County Podiatry 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 1041 Ten Rod Road, Suite B			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Mark A. McSally, Esquire			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 1130 Ten Rod Road, Suite B206			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
6. The name of the NEW registered agent is: Terrence G. Simpson, Esquire			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
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 Authorized Officer of the Corporation John C. Zervos		Date 2/19 , 2020	
Signature of Authorized Officer of the Corporation 			

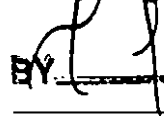
MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
FEB 26 2020
BY  D6CTK