

Filing Fee \$10.00

CORPORATE ID 0076269



State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903-1335  
NON-PROFIT CORPORATION

PLEASE TAKE NOTICE  
that the corporation must be in good standing prior to filing

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

HEALTH CENTER OF SOUTH COUNTY, INC.

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-6-13 of the General Laws, 1956, as amended,  
(Note 1)  
the undersigned corporation, organized under the laws of the State of PROVIDENCE 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 HEALTH CENTER OF SOUTH COUNTY, INC.

SECOND: The address of its then registered office is 321 MAIN STREET  
WAKEFIELD, RI 02819

THIRD: The address to which its registered office is to be changed is 1 RIVER ST  
WAKEFIELD, RI 02819

FOURTH: The name of its then registered agent is HERBERT F. MANSFIELD

FIFTH: The name of its successor registered agent is HERBERT F. MANSFIELD

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 4-17, 1997

PAID

APR 21 1997  
VID 182473  
SECY OF STATE

26 APR 21 1997

HEALTH CENTER OF SOUTH COUNTY, INC. (Note 2)

By Herbert F. Mansfield (Note 3)

Its Exec. Director President or Vice-President

- NOTES:
1. Insert "7-6-13" if a RI non-profit corporation, or "7-6-78" if a foreign non-profit corporation.
  2. Exact corporate name of corporation making statement.
  3. Signature and title of officer signing for the corporation (if a registered agent in changing his/her business address, the registered agent may sign the statement).