

**INSTRUCTIONS FOR FILING
CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
5. The fee for filing the Statement of Change of Registered Office or Registered Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing with the \$20.00 filing fee made payable to the Rhode Island Secretary of State. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

Filing Fee: \$20.00

ID Number: 108959

**STATEMENT OF CHANGE OF REGISTERED OFFICE
BY THE REGISTERED AGENT**

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is Medical & Dental Patient Union, Inc.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
49 Weybosset Street, 5th Floor, Providence, Rhode Island 02903
3. The address of the NEW registered office is:
One Turks Head Place, Suite 1010, Providence, Rhode Island 02903
4. The change of address of the registered office shall become effective upon the filing of this statement, or on
Upon filing
(a date not prior to, nor more than 30 days after, filing this statement)
5. A copy of this Statement has been mailed to the corporation.

Date: 2/20/01

DOUGLAS R. DESIMONE, ESQ.

Print Name of Registered Agent


Signature of Registered Agent