Filing Fee: $20.00

ID Number: 49090

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED PARTNERSHIP

STATEMENT OF CHANGE OF SPECIFIED OFFICE AND/OR REGISTERED AGENT

Pursuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a change of its specified office and/or its registered agent in the state of Rhode Island as follows:

1. The name of the limited partnership is:
   Burrillville Health Center Associates Limited Partnership

2. The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   359 Broad Street, Providence, RI 02907
   (Applicable to domestic limited partnerships only)

3. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is:
   359 Broad Street, Providence, RI 02907
   (Applicable to domestic limited partnerships only)

4. The name of the registered agent for service of process as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

5. The name of the NEW registered agent for service of process is:
   George E. Babcock

6. The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

7. The NEW address of the registered agent is:
   359 Broad Street, Providence, RI 02907

FILED

SEP 03 1999

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: September 3, 1999

By DA #55
229180

Burrillville Health Center Associates, Ltd.
Print Name of Limited Partnership

By _____
General Partner
David M. Ryan

Form No. 643
Revised: 01/99