

Filing Fee: \$20.00

ID Number: 12373



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH,
BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Rhode Island:

- 1. The name of the corporation is: Doctors John Turchetta and Brad J. Turchetta, a Professional Corporation
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: 145 Phenix Avenue, Cranston, RI 02920
3. The address of the NEW registered office is: 145 Phenix Avenue, Cranston, RI 02920
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: R. Raymond Greco, Esq.
5. The name of the NEW registered agent is: John S. DiBona, Esq.
6. The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement, or on (a date not more than 30 days after filing this statement)
7. The change was authorized by resolution duly adopted by its board of directors.

RECORDED
STATE
JUN 20 2001
10:34 PM '01

FILED
JUN 20 2001
By [Signature]

Doctors John Turchetta and Brad J. Turchetta, a Professional Corporation
(Name of Corporation)
By [Signature]
Is President [checked] or Its Vice President []
Dr. John Turchetta

STATE OF RHODE ISLAND
COUNTY OF Kent

In East Greenwich, on this 14 day of June, 2001 personally appeared before me Dr. John Turchetta who, being by me first duly sworn, declared that he/she is the President of said corporation and that he/she signed the foregoing document as President of the corporation, and that the statements therein contained are true.

[Signature]
Notary Public
My Commission Expires: 4/06/02