Filing Fee: \$20.00

ID Number: 143292



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 LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pu ch:	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:
	Steven H. Young, DDS, Orgal & Maxillofacial Surgery, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	105 Sockanosset Crossroad, Suite 318, Cranston, RI 02920
3.	The NEW address of the resident agent is:
	625 Tillinghast Road, East Greenwich, RI 02818
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	Kim Woongtae, JD, LLM
5.	The name of the NEW resident agent is: Steven H. Young, DDS
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	te:
	FILED Signature of Authorized Person
	SEP 0 7 2005
	$\mathbf{p}_{\mathbf{w}} = \mathbf{p}_{\mathbf{w}} + \mathbf{p}_{\mathbf{w}}$

Form No. 642 Revised: 06/01