



2023 HAR - 3 PM 1:52 MP

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th pose of changing its registered	ne undersigned corporation su Lagent in the State of Rhode Is	
Entity ID Number	2. Exact Name of the Corporation		
000098948	COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address CAMERON & MITTLEMAN LLP 301 PROMENADE STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Z _{IP} 02908
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
JOHN W. WOLFE, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 650 GEORGE WASHINGTON HWY., SUITE 200			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the NEW reg	istered agent is.		-
JOSEPH RAHEB, ESQ.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
	clare and affirm that I have exa ements contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
JULIE SYLVESTRE			2-28-2023
Signature of Authorized Officer of the Corporation MULL SCHOOL STATE OF THE CORPORATION STATE O			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

