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State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ *Filing Fee: $20.00*

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1403 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
000159695	Heritage Medical Associates, P.C.

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
	100 WESTMINSTER ST., STE. 1500		
City/Town: PROVIDENCE		State: **RHODE ISLAND**	Zip: 02903-2395

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

CHARLES W. NORMAND, ESQ.

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)			
	20 AUDUBON LANE		
City/Town: HOPE		State: **RHODE ISLAND**	Zip: 02831-1627

6. The name of the **NEW** registered agent is:

ROBERT S. BRUZZI, 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) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of Authorized Officer of the Corporation	Date
JOHN P. MISKOVSKY, PRESIDENT	2/26/24

Signature of Authorized Officer of the Corporation

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAR 7 2024 4:06
BY 6CN3J
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