



State of Rhode Island
Department of State - Business Services Division

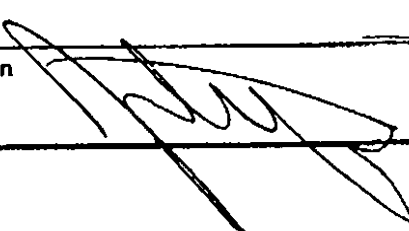
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Statement of Change of Agent

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 000159695	2. Exact Name of the Corporation 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 JOHN P. MISKOVSKY, PRESIDENT		Date: 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

