



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 7-1.2-1409 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 000080875		2. Exact Name of the Corporation Associates in Podiatry, Inc <i>RI DOS MADE NON-SUBSTANTIVE EDITS</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <u>13 Bigelow Road</u>			
City/Town <u>Johnston</u>	State <u>RHODE ISLAND</u>	Zip <u>02919</u>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Philip G Parsons			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) <u>1050 Main Street Ste 25</u>			
City/Town <u>E Greenwich</u>	State <u>RHODE ISLAND</u>	Zip <u>02818</u>	
6. The name of the NEW registered agent is: Glenn A Carlson, Esq.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation <u>TIMOTHY E. MANCINI</u>		Date <u>11/5/24</u>	
Signature of Authorized Officer of the Corporation <i>[Handwritten Signature]</i>			

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

