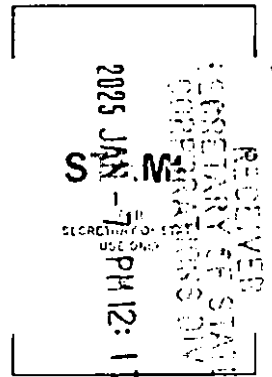




State of Rhode Island
Department of State - Business Services Division



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 7-1.2-1409 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 000086364		2. Exact Name of the Corporation University Surgical Alliance, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 75 Newman Avenue, P. O. Box 16149			
City/Town Rumford		State RHODE ISLAND	Zip 02916
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Barbara J. Collins			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 110 Elm Street, 2nd Floor			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW registered agent is: Robin M. Martin			
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) _____			
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 Aurora Pryor, MD, President			Date 01/03/2025
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

