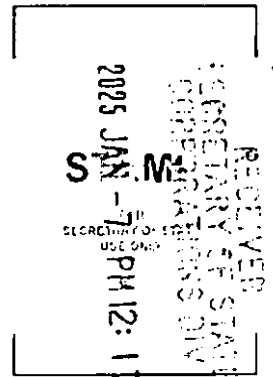


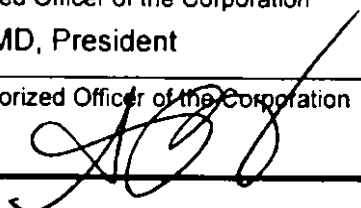


State of Rhode Island
Department of State - Business Services Division



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

