



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

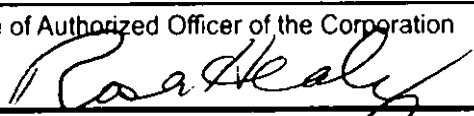
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

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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 130074	2. Exact Name of the Corporation Healy Physical Therapy and Sports Medicine, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 40 Westminster Street		
City/Town Providence	State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Alan R. Tate, Esq.		
5. The address of the NEW registered office is:		
Street Address (<u>NOT</u> a P.O. Box) 368 Juniper Street		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: Rosa Healy		
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 Rosa Healy		Date 07/21/2025
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

