



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**

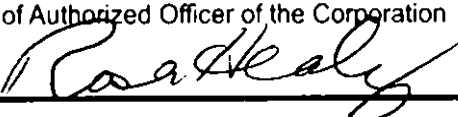
DOMESTIC or FOREIGN Business Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 JUL 28 A 11:51

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<br>130074                                                                                                                                                                       |  | 2. Exact Name of the Corporation<br>Healy Physical Therapy and Sports Medicine, Inc. |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> 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 <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Alan R. Tate, Esq.                                                         |  |                                                                                      |                    |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                                      |                    |
| Street Address (NOT a P.O. Box) 368 Juniper Street                                                                                                                                                  |  |                                                                                      |                    |
| City/Town East Providence                                                                                                                                                                           |  | State RHODE ISLAND                                                                   | Zip 02914          |
| 6. The name of the <b>NEW</b> registered agent is:<br>Rosa Healy                                                                                                                                    |  |                                                                                      |                    |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |  |                                                                                      |                    |
| <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<br>Rosa Healy                                                                                                                                         |  |                                                                                      | Date<br>07/21/2025 |
| Signature of Authorized Officer of the Corporation<br>                                                           |  |                                                                                      |                    |

**MAIL TO:**

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

