



State of Rhode Island
Department of State - Business Services Division

NOV 21 10:52 AM 2025

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 000273209	2. Exact Name of the Corporation Medical Assisted Recovery, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 148 West River Street, Suite 1E			
City/Town Providence	State RHODE ISLAND	Zip 02904	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Jeffrey B. Cianciolo, Esq			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 875 Centerville Road, Suite 5A			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
6. The name of the NEW registered agent is: Sylvester Sviokla MD			
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 Sylvester Sviokla MD		Date 11-25-25	
Signature of Authorized Officer of the Corporation <i>Sylvester Sviokla MD</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

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