

REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee

ID Number: 98128

**STATEMENT OF CHANGE OF ADDRESS
OF THE RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:

Health Business Partners, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

10 Weybosset Street, Providence, Rhode Island 02903

3. The NEW address of the resident agent is:

155 South Main Street, Suite 301, Providence, Rhode Island 02903

4. The change of address of the resident agent shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 30 days after, the filing of this Statement)

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 12/2/08

Kenneth J. Uva, Vice President

Print Name of Resident Agent

Kenneth J. Uva

Signature

FILED

DEC 04 2008

By _____



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

