

FROM

603993

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Florida Department of State  
Division of Corporations  
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((H06000121707 3))

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To: Division of Corporations  
Fax Number : (850)205-0380

From: Account Name : FOLEY & LARDNER OF TAMPA  
Account Number : 071344001620  
Phone : (813)229-2300  
Fax Number : (813)221-4210

REGISTERED AGENT CHANGE

TOWER IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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06 MAY -1 AM 9:45  
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FROM

(MON) 5. 1 '06 15:34/ST. 15:33/NO. 4863333770 P 2  
((H0600012170 3))

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: TOWER IMAGING, INC.
- 2. The principal office address: 511 West Bay Street, Suite 301, Tampa, Florida 33606
- 3. The mailing address (if different): OMMI ACCTG DEPT., P. O. Box 30728, Tampa, FL 33630-3728
- 4. Date of incorporation/qualification: 12/22/1972 Document number: 603993
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bruce R. Zwisbel, M.D.  
511 West Bay Street, Suite 301, Tampa, Florida 33606

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bharat U. Patel, M.D.  
511 West Bay Street, Suite 301, Tampa, Florida 33606  
 (P.O. Box NOT acceptable)

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 (Signature of an officer or director)

Raul R Otero, President  
 (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 (Signature of Registered Agent)

4/26/06  
 (Date)

If signing on behalf of an entity:

Bharat Patel  
 (Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (8/05)

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