

A97000001554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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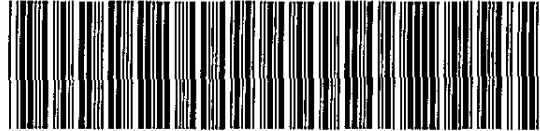
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 693113 7428323

AUTHORIZATION :

Patricia Pijuta

COST LIMIT : \$ 35.00

04 JUN -2 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ORDER DATE : May 27, 2004

ORDER TIME : 11:18 AM

ORDER NO. : 693113-095

CUSTOMER NO: 7428323

CUSTOMER: Michael L. Silhol, Esq.
Radiologix, Inc.
2200 Ross Avenue
3600 Jp Morgan Chase Tower
Dallas, TX 75201-2776

CHANGE OF AGENT

NAME: PREMIER ADVANCED IMAGING
NETWORK, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED
JUN - 2 1997
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PREMIER ADVANCED IMAGING NETWORK, LTD.
Name of the limited partnership

2. July 15, 1997
Date of filing/registration in Florida

3. A97000001554
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
526 E. Park Avenue
Address
Tallahassee, FL 32301
City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **not** acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Maureen Cullen
Signature of General Partner

Maureen Cullen, Attorney In Fact on behalf of Questar Orlando, Inc., General Partner
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 obligations 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 limited partnership has been notified in writing of this change.

Corporation Service Company
Marva L. Williams
Signature of Registered Agent Marva L. Williams, Asst. Vice President

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**