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| (Re | equestor's Name) | | | |
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| (Ad | ldress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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MAR 04 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.rather-lopez@cscglobal.com

Date: February 29, 2016

Order#: 994623-020

Re: DIAGNOSTIC EQUIPMENT SERVICE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| - | provisions of sections 607.0502, 617.0 inge is submitted for a corporation org | | | | |
|---|--|---|--|--|--|
| · | r to change its registered office or regi | • | J | | |
| 1. The name of t | he corporation: DIAGNOSTIC EQUIP | MENT SERVICE CORP | ORATION | | |
| 2. The principal office address: 124 Main Street, Norfolk, MA 02056 | | | | | |
| | | | | | |
| 3. The mailing a | ddress (if different): P.O. Box 303, No | rfolk, MA 02056 | | | |
| | | | | | |
| 4. Date of incorp | poration/qualification: 05/18/2001 | Document numb | per: F01000002695 | | |
| | I street address of the current registered tment of State: (If resigned, enter resigned) | - | fice on file with the | | |
| | C T Corporation System | | | | |
| | 1200 South Pine Island Road | | | | |
| | Plantation | FL 333 | 24 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | Corporation Service Company | | | | |
| | 1201 Hays Street | | | | |
| | P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL 323 | 01 | | |
| The street addre | ess of its registered office and the stree be identical. | et address of the busines | s office of its registered agent, | | |
| Such change wa authorized by th | is authorized by resolution duly adopt the board, or the corporation has been r | ed by its board of direct notified in writing of the | ors or by an officer so change. | | |
| | e E. alnie | Jill Cilmi | Vice President | | |
| Signalu | re of an officer or director | - | ped name and title | | |
| I further agree to performance of agent. Or, if this hereby confirm | the appointment as registered agent a o comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to re that the corporation has been notified n Service Company | atutes relative to the pro accept the obligation o | pper and complete f my position as registered | | |
| By: Mare | Z-Kubi, | 02/29/2016 | | | |
| Sign | nature of Registered Agent | | Date | | |
| If signing on bel | half of an entity: | | | | |
| | Asst. Vice President | | | | |
| Ту | ped or Printed Name | | | | |

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