## Requester's Name Address City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document#) 51101045129 -08/02/01010 ****525.00 *	096 50-018 ****35.00
(Corporation Name)	(Document #)	_ 31
3(Corporation Name)	(Document #)	*
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director SSET OF Change of Registered Agent  Dissolution/Withdrawal  Merger  Amendment  Amendment  All ARY  PM  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer/Director SSET OF Change of Registered Agent  The control of R.A., Officer	FILED
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

Examiner's Initials

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## 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: Physicians Cardiac Imaging, Inc.
- 2. The mailing address of the corporation is: 1515 N. Federal Highway, Suite 405, Boca Raton, Florida 33432.
- 3. Date of incorporation/qualification: 5/4/1988, Document Number: M793
- The name and address of the current registered agent and office: Fred W. Mattlin, Esquire
   2300 Glades Road
   Suite 400 East Tower
   Boca Raton, Florida 33431
- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):

  Steven G. Schwartz, Faculty.

Steven G. Schwartz, Esquire Schwartz & Horwitz, P.A. 3301 NW Boca Raton Boulevard Suite 200 Boca Raton, Florida 33431

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.

Signed this 18 day of July , 2001.

Title:

President

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signed this 19 day of July , 2001

By:

Heven G. Schwartz, Registered Agent

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