Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : GARY M. BERKSON, P.A.

Account Number : I20000000003 Phone : (407)644-2216 Fax Number : (407)644-2194 DIVISION OF CORPORATION OF STATE OF CORPORATION OF CORPORATION OF STATE OF CORPORATION OF STATE OF CORPORATION OF STATE OF CORPORATION OF COR

RECEIVED 01 JUN 27 AM 8:58 VISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SONO-DIAGNOSTIC IMAGING, INC.

Certificate of Status	
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DIVISION OF CORPORATIONS

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

ine state of Pu		. in
1. The name of	f the corporation: SONO-DIAGNOSTIC IMAGING, INC.	
···		<u> </u>
2. The mailing	address of the corporation: Suite 100, 2273 Lee Road	
<u></u>	Winter Park, FL 32789	
3. Date of inco	prporation/qualification: 2/3/1993 Document number: P93000010429	
4. The name ar	nd address of the current registered agent and office:	
	Roy F. Miranda	
	779 Tomlinson Terrace	
_	Lake Marv. Ft. 32746	
5. The name an	d address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
•	J. Howard Flagg	28
	Suite 100, 2273 Lee Road	SECRETARY DIVISION OF CO
-	Winter Park, FL 32789	
The street addre	ed will be identical	
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so	OF STATE OF AM IO:
-4. Hc	->T21	ATTE ATTE
(Signature o	of an officer, chairman or vice chairman of the board)	α ξ
J. Howard E	Flagg, President	
Having been na	(Frinted or typed name and title) med as registered agent and to accept service of	
corporation, I had a light further agree to performance of a registered agent	med as registered agent and to accept service of process for the above stated ereby accept the appointment as registered agent and agree to act in this capacity. The complete comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as	
ZI II	gnature of Registered Agent)	
If signing on behalf	of an entity:	
-1-Ho	yped or Printed Name)	
•	(Capacity)	- •
CR2E045(9/00)	* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, PL 32314