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

Pursuant to the provi statement of change i in order to c	s submitted for a		ized under th	e laws of the S	State of Flor	rida
1. The name of the co	orporation:	LCM Imaging,	Inc.			
2. The principal office address: 3301 Alumni Drive, Tampa, FL 33612						
3. The mailing addres	ss (if different):					
4. Date of incorporati	on/qualification:	1/30/98	Docum	ent number:	P98 <u>0</u> 00000	9600
5. The name and stree Florida Departmen		urrent registered ag	gent and regi	stered office or	n file with the	•
David A. Beyer						
	c/o Rudnick & Wolfe					5. J. T.
	101 East Kennedy Blvd., Suite 2000 Tampa, FL 33602					SECRETARISEE, P
6. The name and stree (if changed):	et address of the n David N			, -	tered office	MO SO
		Kennedy Blvd O. Box NOT acceptable)		1700	· .	F
<u></u>	Tampa,	FL 33602				
The street address of as changed will be id	its registered off	ice and the street	address of th	e business off	fice of its reg	istered agent,
Such change was aut authorized by the bo		ation duly adopted ation has been no	l by its board tified in writ	d of directors of the cha	or by an officinge.	er so
Love to	Telunent of director)	ra	Robert	Tannenbaum		ent
I hereby accept the a I further agree to co of my duties, and I a document is being fil corporation has beer	•	gistered agent and visions of all state and accept the obli- ect a change in the ing of this change.	d agree to ac utes relative igation of my e registered	• =		e performance 2nt. Or, if this nfirm that the
David M. Done			, //	114/05		
(Signature	of Registered Agent)			(Date	·)	
If signing on behalf of						
David M. Doney Fowler White Bo		P_ A _				
(Typed c	or Printed Name)	~ -420			-	

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