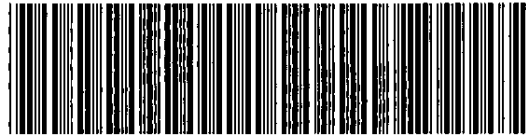


P98000009600



600209664246

07/11/11--01029--030 **70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11 JUL 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AHC
SHELDON

Handwritten initials and date: 11/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LCM IMAGING, INC.
Name of Corporation

DOCUMENT NUMBER: P98000009600

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN G. JOHNSON
Name of Contact Person

ADVANCED DIAGNOSTIC GROUP
Firm/Company

607 W. MARTIN LUTHER KING JR. BLVD., STE. 103
Address

TAMPA, FL 33603
City/State and Zip Code

KBLAKE@ADVANCEDDIAGNOSTICGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY BLAKE at (813) 463-4441
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LCM IMAGING, INC.
2. The principal office address: 1931 W. MARTIN LUTHER KING JR. BLVD., STE. F
TAMPA, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/02/2005 Document number: P98000009600
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOSEPH W.N. RUGG
401 EAST JACKSON STREET, STE. 1700
TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KEVIN G. JOHNSON
607 W. MARTIN LUTHER KING JR. BLVD., STE. 103
P.O. Box NOT acceptable
TAMPA, FL 33603

11 JUL 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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, or the corporation has been notified in writing of the change.


Signature of an officer or director

KEVIN G. JOHNSON
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/23/11
Date

If signing on behalf of an entity:

Kevin Johnson
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314