

Requestor's Name	
600309	
Address	
City/State/Zip	Phone #
Office Use Only	

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 99 MAY - 6 AM 8:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

700002864957--5  
 -05/06/99-01045-003  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

600309  
 5-6-99  
 RACM  
 202

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: Radiology Associates of Florida, Inc.
2. The mailing address of the corporation is: 2601 S. Bayshore Drive Suite # 500  
Coconut Grove, FL 33133
3. Date of incorporation/qualification: 12/04/67 Document number: 600309
4. The name and address of the current registered agent and office:

W. Barry Tanner

2601 S. Bayshore Drive Suite # 500

Coconut Grove, FL 33133

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Navix Radiology Systems, Inc.

attn: Corporate Counsel

2601 S. Bayshore Drive #500

Coconut Grove, FL 33133

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.

Daniel Jacobson  
(Signature of an officer, chairman or vice chairman of the board)

4/14/99  
(Date)

Daniel Jacobson - Secretary

(Printed or typed name and title)

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.

Daniel Jacobson  
(Signature of Registered Agent)

4/14/99  
(Date)

If signing on behalf of an entity:

Daniel Jacobson

(Typed or Printed Name)

Secretary

(Capacity)

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