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02 NOV 20 AH II: 17
DIVISION OF CORPORATION

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2002 NOV 20 PM 12: 17
SECULTARY OF STATE
JALLAHASSEE, FLORIDA

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C. Coulliette NOV 2 0 2002

CT CORPORATION SYSTEM

November 20, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5726263 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

American Diagnostic Medicine, Inc. (IL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman Fulfillment Specialist Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the provisions of sections 607.0502, 617. $\overline{0502}$, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. AMERICAN Diagraphic Medicana Trus
1. The name of the corporation: American Diagnostic Medicine, Inc. 1960 Industrial Dr.
LAGIVIAL DV.
2. The mailing address of the corporation:
Elrhunt IL 60126
3. Date of incorporation/qualification: 2/18/85 Document number: F010000002
4. The name and address of the current registered agent and office:
Adam Salich = Adam Salich = ALLEN 100 200 AND TARR 100 200 TELL AND SSE
How Julian -
Bevery Hills, Et 34466
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
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.
11/5/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
San Kancheolopalli President
(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. ClyCopporation Spatem
(Signature of Registered Agent) (Date)
If signing on behalf of an antity
Christine M. Eastwine Assistant Secretary
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314