

F01000002669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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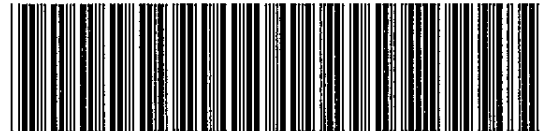
(Business Entity Name)

(Document Number)

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ACCOUNT NO. : 072100000032

REFERENCE : 024279 4391033

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 35.00

ORDER DATE : April 10, 2003

ORDER TIME : 9:47 AM

ORDER NO. : 024279-230

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore
Cardinal Health, Inc.
7000 Cardinal Place

Dublin, OH 43017

CHANGE OF AGENT

NAME: COMPREHENSIVE MEDICAL IMAGING
CENTERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMPREHENSIVE MEDICAL IMAGING CENTERS, INC.

2. The principal office address: _____

6464 Canoga Avenue, Woodland Hills, CA 91367

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/17/2001 Document number: F01000002669

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

526 East Park Avenue

Tallahassee, FL 32301

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

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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

Robin Smith Hoke, Vice President
(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]
(Signature of Registered Agent)

4-11-03
(Date)

If signing on behalf of an entity:

Sylvia Queppet
(Typed or Printed Name)

Asst. Vice President
(Capacity)

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

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