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T. BROWN



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 169193

9.19B**~ /** 7798902

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 16, 2012

ORDER TIME : 9:47 AM

ORDER NO. : 169193-066

CUSTOMER NO: 7798902

CHANGE OF AGENT

NAME: VIRTUAL RADIOLOGIC CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Delawarc red agent, or both, in the State of Florida.	
1. The name of 2. The principal	the corporation: VIRTUAL RADIOLC office address: 11995 Singletree Lane,	GIC CORPORATION OF MINNESOTA , Suite 500, Eden Prairie, MN 55344	_
3. The mailing a	ddress (if different):		_
4. Date of incorp	poration/qualification: 06/01/2006	Document number: F0600003878	_
	d street address of the current registered agement of State:	ent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road	·	
	Plantation, FL 33324	Fee E T	
6. The name and (if changed):	I street address of the new registered agent	557	١
	Corporation Service Company	EE. FLORID	J
	1201 Hays Street	ORIGE OR	
	(P.O. Box NOT acceptable)	***	
- -		address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
// / (Signatu	ire of an officer or director)	Maurcen Cathell, Vice President (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: Sorporation	on Service Company	April 17, 2012	
	half of an entity:	(Date)	
C C	y, Assistant Vice President		
	yped or Printed Name)		

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