

**F08000001671**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
11 JAN 31 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 JAN 31 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
NIGHTHAWK RADIOLOGY HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RA change*  
*01/31/11*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NightHawk Radiology Holdings, Inc.  
Name of Corporation

DOCUMENT NUMBER: F08000001671

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:

Ryan Check  
Name of Contact Person

Virtual Radiologic (vRad)  
Firm/Company

11995 Singletree Lane, Suite 500  
Address

Eden Prairie, MN 55344  
City/State and Zip Code

ryan.check@vrad.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Check at ( 952 ) 595.1124  
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

CR2B045 (8/05)

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

1. The name of the corporation: NightHawk Radiology Holdings, Inc.
2. The principal office address: 4900 N Scottsdale Rd, Suite 6000; Scottsdale AZ 85251
3. The mailing address (if different): 601 Front Ave., Suite 400 Couer D'Alene ID 83814
4. Date of incorporation/qualification: 04/14/2008 Document number: F08000001671

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)

Corporation Service Company 1

1201 Hays Street

Tallahassee FL 32301-2525

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

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

Jeanne Nelson  
*Jeanne Nelson*  
Signature of an officer or director

Jeanne Nelson, 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.*

By: CT Corporation System  
*[Signature]*  
Signature of Registered Agent

1/29/11  
Date

If signing on behalf of an entity:

Michele Miller,

Typed or Printed Name

**Michele Miller  
Assistant Secretary**

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

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

CR2E045 (8/05)