F93000000 86/

| (Re | equestor's Name) | |
|---|--------------------|-----------------|
| (Ac | ddress) . | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Ві | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



800249285508

07/05/13--01020--003 **35.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ellen Rosaio erosaio@cscinfo.com

Date: July 2, 2013

Order#: 711148-004

Re: DIAGNOSTIC HEALTH CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ellen Rosaio

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch | the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this thange is submitted for a corporation organized under the laws of the State of Delaware der to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|---|
| | of the corporation: DIAGNOSTIC HEALTH CORPORATION | |
| | pal office address: 22 Inverness Center Parkway, Suite 425, Birmingham, AL 35242 | |
| 3. The mailing | g address (if different): | |
| 4. Date of inco | orporation/qualification: 02/18/1993 Document number: F93000000861 | - |
| | and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned) | |
| | C T Corporation System | |
| | 1200 South Pine Island Rd | |
| | Plantation, FL 33324 | |
| 6. The name an (if changed): | and street address of the new registered agent (if changed) and /or registered office. | Ī |
| | Corporation Service Company | Ċ |
| | 1201 Hays Street | |
| | P.O. Box NOT acceptable | |
| | Tallahassee, FL 32301 | |
| The street addr | ress of its registered office and the street address of the business office of its registered agent, ll be identical. | |
| Such change was authorized by the | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| Signah | Daniel E. Abrams Third or typed name and title | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio | of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change. The company | |
| By: Ş | ignature of Regulated Agent Date | |
| | pehalf of an entity: | |
| Sylvia Queppei | et, Assistant Vice President | |
| | Typed or Printed Name | |
| | SA SEE THE PROPERTY OF THE SALE | |

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