

F98000000595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

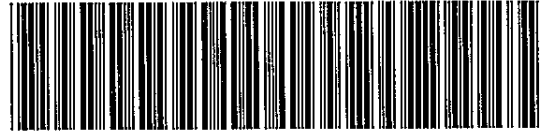
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. Coulllette APR 14 2003



ACCOUNT NO. : 072100000032  
REFERENCE : 024279 4391033  
AUTHORIZATION : *Patricia Kigute*  
COST LIMIT : \$ 35.00

ORDER DATE : April 10, 2003  
ORDER TIME : 9:48 AM  
ORDER NO. : 024279-260  
CUSTOMER NO: 4391033  
CUSTOMER: Ms. Tina M. Kilgore  
Cardinal Health, Inc.  
7000 Cardinal Place  
Dublin, OH 43017

CHANGE OF AGENT

NAME: COMPREHENSIVE MEDICAL IMAGING,  
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, INC.
- 2. The principal office address: 6464 Canoga Avenue, Woodland Hills, CA 91367
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/02/1998 Document number: F98000000595

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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 \*\*\***