

MAR-15-2002(FRI)

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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

HORIZON RADIOLOGY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

\$43.75

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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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HORIZON RADIOLOGY, INC.

2. The mailing address of the corporation: 240 N. Washington Blvd, 7th Floor,
Sarasota, FL 34236

3. Date of incorporation/qualification: 4/17/98 Document number: F98000002193

4. The name and address of the current registered agent and office:

Martin J Kern

240 N. Washington Blvd, 7th Floor

Sarasota, FL 34236

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

Daniel Branch

240 N. Washington Blvd, 7th Floor

Sarasota, FL 34236

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.

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

[Signature]
(Date)

Daniel Branch

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

Daniel Branch

[Signature]
(Date)

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)

[Signature]
(Capacity)

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

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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