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| (Requestor's Name) | SECRETARY OF STATE TALLAHASSEE, FUTA |
| (Address) | |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | AIL |
| (Business Entity Name) | 05/18/0501028018 ***5.50 |
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| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only

PresGar Companies, LLC

FILED

Mailing Address: 14025 Riveredge Drive Suite 600 Tampa, Florida 33637

Phone: 813-977-8756 Fax: 813-977-0143

May 12, 2005

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Change of Registered Agent Denver Imaging, LLC

To Whom It May Concern:

Enclosed for filing, please find an original form of the Statement of Change of Registered Office or Agent or Both for Limited Liability Company for the above-referenced company, with a check for the filing fee. Should you have any questions or concerns, please do not hesitate to contact me at (813) 675-2447.

Thank you in advance for your assistance.

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L*yt*ida Morales Corporate Paralegal

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Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| FILEI) |
|---|
| Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: |
| 2. The mailing address of the limited liability company is: 14025 KWENTER DE |
| Suite 600, Tampa FL 33637 |
| 7/31/03 203000028194 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Corporation Service Company Name Roll Hays Street Roll Address FL 32301 City, State and Zip |
| 6. The name and address of the new registered agent and/or office: |
| Name 14025 Rwevedoc Dr., Ste 1600 Florida street address (P.O. Box NOT acceptable) |
| Tampa FL 33637 City, State and Zip |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) Chinted or typed name of signee) |
| (vinitary or album) |
| 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. |
| (Signature of Registrated Agent) |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 |

FILING FEE: \$25.00

INHS18(10/99)