



Jan-28-04 05:17A

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1-27-04 5:58PM RCOA
Division of Corporations

L030000037871

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : RCOA IMAGING SERVICES, INC.
Account Number : I20040000020
Phone : (561) 477-3500
Fax Number : (561) 477-3620

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RECEIVED BY STATE
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REGISTERED AGENT CHANGE

WESTERN MARYLAND PET IMAGING, LLC

Certificate of Status	0
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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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Western Maryland PET Imaging, LLC
2. The principal office address: 7900 Glades Road, Suite 400, Boca Raton, FL 33434
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 10-3-03 Document number: L03000037871
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

B & C Corporate Services, Inc.201 S. Biscayne Blvd., Suite 3000Miami, FL 33131

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

Jodi B. Laurence7900 Glades Road, Suite 3400

(P.O. Box or personal mailbox NOT acceptable)

Boca Raton, FL 33434

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 of an officer or director)DAVID MEDNICK CEO.

(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 of Registered Agent)(Date)

If signing on behalf of an entity:

(Typed or Printed Name)(Capacity)

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

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

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04 JAN 28 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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