L05000011365

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..... COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Digital Radiology Consultants, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard D. Nober	-
(Name of Person)	
Digital Radiology Consultants LLC	2006 FEE
(Firm/Company)	至二 三
225 S. Swoope Ave.	SEE, F
(Address)	S
Maitlands FL 32751	NDA ROAL
(City/State and Zip Code)	

For further information concerning this matter, please call:

Richard D. Naber	at (407) 699-1100
(Name of Person)	(Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2006

RICHARD D. HABER DIGITAL RADIOLOGY CONSULTANTS LLC 225 S. SWOOPE AVE MAITLAND, FL 32751

SUBJECT: DIGITAL RADIOLOGY CONSULTANTS, LLC

Ref. Number: L05000011365

We have received your document for DIGITAL RADIOLOGY CONSULTANTS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Letter Number: 306A00006006



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DIGITAL RADIOLOGY C O N S U L T A N T S

February 9, 2006

Joey Bryan
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re: L05000011365

Dear Joey,

Enclosed please find the form to change the Registered Agent's address and the physical mailing address of our company. I have enclosed the \$25.00 as requested.

If there are any further questions, please do not hesitate to call me directly at 407.699.1100.

Thank you.

Richard Cl. Afbs Richard D. Haber Chief Operating Officer

Digital Radiology Consultants, LLC

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

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.

agent, or both, in the state of Prortae.
1. The name of the limited liability company is: Digital Radiology Consultants, LLC.
2. The mailing address of the limited liability company is: 225 South Swoope Avenue
Suite 207 Maitland FL 32150
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: - Richard D. Wobs.
940 Douglas Ave. #187 Altamonte Springs Fr. 32718
6. The name and address of the new registered agent and/or office: Richard D. Haber Name A25 South Swoope Ave Suite 207 Florida street address (P.O. Box NOT acceptable)
Maitland FL 30750 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 numbers 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 or authorized representative of a member)

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 Registered Agent)

(Printed or typed name of signee)

Kichard D. Haber