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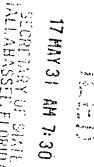
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/292

Re: SUNSHINE RADIOLOGY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: SUNSHINE R	RADIOLOGY	Y, LLC
2. (a) 529 E CENTRAL AVENUE Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	WINTER HAVEN FL 33880		
	02/06/2008		L08000013236
3.	Date of filing/registration in Florida	4.	Document number
5. (a	a) COVE ROBERTA		
٥. (١	Registered Agent and Registered Office shown on the records of	of the Florida l	Dept. of State:
	529 E CENTRAL AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
			·
			
	WINTER HAVEN , F	L <u>33880</u>	58 7
(b	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addi	ress:
	1201 Hays Street		1.30 1.30 1.00 1.00 1.00 1.00 1.00 1.00
	NEW Registered Office Address:		
			
	Tallahassee, F	L 32301	<u> </u>
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liver authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	of the registe liability con s of the limit he limited lia	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Sign	parter of a member or authorized representative of a member	JIII C1	ilmi, Authorized Person Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agents of all statutes relative to the proper and completed by the proper and completed agent as provided in the registered agent as provided in the registered office address, led in writing of this change.	te performat led for in Cl I hereby cor	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signa	ure of Registered Agent Corporation Service Company	BY: Gra	ace E. Kirby, Asst. Vice President