

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L99000004157

Total Vascular Care, P.L.

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*****25.00 *****25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 27 PM 12:03
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ✓ RA Resignation Change
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
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SECRETARY OF STATE
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**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.

1. The name of the limited liability company is: Total Vascular Care, P.L.

2. The mailing address of the limited liability company is : 5150 Bayou Boulevard,

Suite 2-A, Pensacola, Florida 32503

8/3/99

L99000004757

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:

Karl E. Weingarten, M.D.

Name

5150 Bayou Blvd., Suite 2-A

Address

Pensacola, FL 32503

City, State and Zip

6. The name and address of the new registered agent and/or office:

Anthony J. DeRaimo, M.D.

Name

5150 Bayou Blvd., Suite 2-A

Florida street address (P.O. Box NOT acceptable)

Pensacola FL 32503

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.

Anthony J. DeRaimo
(Signature of a member or authorized representative of a member)

Anthony J. DeRaimo, M.D., President,
Pensacola Radiology Consultants, P.A.
(Printed or typed name of signee)

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.

Anthony J. DeRaimo
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

APPROVED
AND
FILED
01 AUG 27 PM 3:12
SECRETARY OF STATE
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