CT CORPORATION .

CI CORPORATION	M01000000598			
CORPORATION(S) NAME	TVIVU	<i>IUUUJIO</i>		

		Ac.		
Putnam Diagnostic Imaging	Center, LLC	55		
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		12: ₄		
() Profit () Nonprofit	() Amendment	() Merger PAR S R		
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Merger () Mark () Mark () Other (X) Change of RA		
() Limited Partnership	() Annual Report	() Other		
()LLC	() Name Registration () Fictitious Name	(X) Change of RA () UCC		
() Certified Copy	() Photocopies	() CUS		
() Call When Ready	() Call If Problem	() After 4:30		
(x) Walk In () Mail Out	() Will Wait	(x) Pick Up		
Name	1/22/02	Order#: 5034657		
Availability		8000047885381		
Document	-	-01/22/0201031023 *****25.00 *****25.00		
Examiner Updater	:	Ref#:		
Verifier		-		
W.P. Verifier	-	Amount: \$		

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

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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 lin	nited liability company is: Putnam Diag	mostic Imaging Center, LLC	
	s of the limited liability company is:		
Brentwood, TN 37027	indicate substituting to the substituting to t	100 Towell Court, Suite 200,	
210100000, 111 37027	A ###		
03/19/2001		M01000000598	
3. Date of filing/registr	ration in Florida	4. Document number	
5. The name of the regi Florida Department	stered agent and the registered office a	address as shown on the re	cords of the
	Corporation Service Company		
	Name		
	1201 Hays Street		
	Address	ा । । । । । । । । । । । । । । । । । । ।	Z
	Tallahassee, FL 32301-2525		
< ma	City, State and Zip	•	
6. The name and addres	s of the new registered agent and/or or	ffice:	JAN 22 OREDANY AHASSE
	C T Corporation System	.,	ILED 2 PM 12: 46 KE: FLORIDA
	Name		54 5
	1200 South Pine Island Road		
	Florida street address (P.O. Box N	OT acceptable)	ST. O
	Plantation FL 33324		
	City, State and Zip	· · · · · · · · · · · · · · · · · · ·	
and the business office of liability company, it is he the members of the limit the operating agreement. Signature of a member or author William F. Carpenter III, Manager	mpany is not organized under the lawschange or changes are made, the Floridation from the registered agent will be identical preby confirmed that the change(s) was ed liability company or as otherwise post the limited liability company.	da street address of the reg. Or, in the case of a Florid	istered office da limited
(Printed or typed name of signee		The second secon	
and I am familiar with an Chapter 608, F.S. Or, if it is discussed in the Indiana of the CT Corporation System Signature of Registere d Agent	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and complete performance in as registered agent as prefect a change in the registeen notified in writing of ENNIFER FAILLEMENTERS.	e of my duties, rovided for in istered office f this change.
-	n of Corporations, P.O. Box 6327,	Tallahassee, FL 32314	: 0:E % %
HS18(10/99)	FILING FEE: \$25.0	0 ′ ′ ′	