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# (((H97000010248 7)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: SHEAR, NEWMAN, HAHN & ROSENKRANZ, P.A.

ACCT#: 075350000123

CONTACT: LISA H ROSS PHONE: (813)228-8530

FAX #: (813)221-9122

NAME: RADIOLOGY BILLING SERVICES, INC.

AUDIT NUMBER...... H97000010248 DOC TYPE......REGISTERED AGENT CHANGE

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PAGES.....

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## Florida Department of State, Sandra B. Mortham, Secretary of State

H97000010248

### 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Radiology Billing Services, Inc. 1b. The mailing address of the corporation is : P.O. Box 100205, JEMEC, Gainesville, FL 32610 1c. Date of incorporation: 03/27/97 \_\_\_\_ Document number: N97000001753 2. The name and address of the current registered agent and office: Debra L. Boje 201 E. Kermedy Blvd., 10th Floor Tampa, FL 33602 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) Franklin L. Smith 1329 S.W. 16th Street Gainesville, FL 32608 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. (Signature of an officer, chairman or vice chairman of the board) (Date) Edward M. Copeland, III, M.D. - President (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, thereby 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. (Signature of Registered Agent)-Franklin L. Smith If signing on behalf of an entity:

(813) 228-8530 мемпап, Shear, ac Tampa, #949602, Floor, Ta Bar 10th Ξ . Boje, E. Kennedy ri √ Debra 201 E by: Prepared

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

(Typed or Printed Name)

(Capacity)

# N97000001753

Radiology Billing Services, Inc. P.O. Box 100354, JHMHC Gainesville, Florida 32610-0354

May 30, 1997

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

Re:

Radiology Billing Services, Inc. Document No.: N97000001753

Correction to Mailing Address of Corporation

Our File No.: F032-9614

#### Dear Sir/Madam:

Please note that there is an error in your records with regard to the mailing address for the above referenced corporation. The zip code shown in the mailing address should be changed from 33610 to 32610. Please correct your records accordingly.

Thank you for your assistance and cooperation.

Sincerely,

Radiology\_Billing Services, Inc.

By: Franklin L. Smith, Secretary

FLS/lm

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