FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2001 8:00 am Secretary of State DOCUMENT # P00000016805 ALARCON RADIOLOGY ASSOCIATES, P.A. 09-18-2001 90011 042 ***550.00 Principal Place of Business Mailing Address 5410 NORTHWEST 33RD-STREET AVENUE 5410 NORTHWEST 33RD-STREET AVENUE 979359 SUITE 108 FORT LAUDERDALE FL-30008 33309 FORT LAUDERDALE FL-22229 33309 2. Principal Place of Business 3. Mailing Address 5410 NW 33 AVE NUE 5410 NW 33 AVENUE Suite, Apt. #, etc 井 108 DO NOT WRITE IN THIS SPACE # 108 City & State 4. FEI Number Applied For 65-0983350 4. Landerdale Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33309 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTNEY, SHARI L Street Address (P.O. Box Number is Not Acceptable) 633 FEDERAL HIGHWAY FORT LAUDERDÅLE FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President ICEO (5/01)Alan F. Alarcon MD A 5410 NW33 AVENUE #108 TITLE Delete TITLE ALARCON, ALAN F **CR2E034** 4183 BOCAIRE BOULEVARD STREET ADDRESS STREET ADDRESS Ft.Lauderdale, FL CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive for trustee empowered to execute this report as pouried by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the address, with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP