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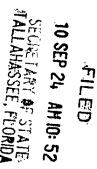
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COVER LETTER

TO:	Amendmen Division of	t Section Corporations		
SUBJ	ECT:	South Florida Radio	logy Center, Inc.	
DOC	J MENT NU I	MBER: P03	000068816	
The er	closed Stater	ment of Change of Registered Offic	e/Agent and fee are sub	mitted for filing.
Please	return all cor	respondence concerning this matte	r to the following:	
			_	
	<u>-</u>	Dr. Grego Name of Co	ire Garcon	
		Numb of Oc	macri orson	
	,	Firm/C	ompany	
			State Rd. 7	
		Auc	11 C33	
		l auderdale La	1kac El 33310	
		City/State a	nkes, FL 33319 nd Zip Code	
		drfeet2000@	Vahoo com	
	<u></u>	E-mail address: (to be used for	future annual report no	tification)
For fu	rther informat	tion concerning this matter, please	call:	
		Joseph R. Gosz	at (305)	505-6340
		e of Contact Person		ytime Telephone Number
Enclos	ed is a \$35.00	0 check made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ding ive Center Circle

* 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.						
The name of the corporation: South Florida Radiology Center, Inc. The principal office address: 4253 N. State Rd. 7						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	06/20/2003	Document number:	P03000068816		
	I street address of the curtiment of State: (If resign		and registered office on fi	le with the SE		
	Joseph R. Gosz			AR SE		
	200 S. Biscayne B	lvd., Ste. 4650		FIL 24 ASSEI		
	Miami, FL 33131					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Joseph R. Gosz					
	601 NE 22nd St. #	43				
		P.O. Box NOT acc	eptable			
	Miami, FL 33137					
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 the	as authorized by resolut he board, or the corpora	tion duly adopted by tion has been notifie	its board of directors or led in writing of the chang	by an officer so e.		
-50	ra of arfollogy of day or		Joseph R. Gos	sz, Attorney		
I hereby accept I further agree of my duties, ar document is bet corporation has	the appointment as reg to comply with the provi of I and familiar with an ing filed merely to reflect s been notified in writin	istered agent and a isions of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I			
TR	Ches		09/20/2	010		
If signing on be	chalf of an intity:)	Date			
T	yped or Printed Name					

* * * FILING FEE: \$35.00 * * *