P04000132841

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:

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Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000132841

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Phillips
Name of Contact Person

Firm/Company

3301 USF ALUMNI DR
Address

TAMPA FL 33612
City/State and Zip Code

cphillips@udimri.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Phillips at (813) 615-8540
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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.*

1. The name of the corporation: NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.
2. The principal office address: 3301 USF ALUMNI DR., TAMPA FL 33612
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/22/2004 Document number: P04000132841
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   DAVID, BEYER ESQUIRE
   101 EAST KENNEDY BOULEVARD SUITE 3400
   TAMPA FL 33602 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   C T Corporation System
   c/o C T Corporation System, 1200 South Pine Island Road
   P.O. Box NOT acceptable
   Plantation, Florida 33324

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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, or the corporation has been notified in writing of the change.

Signature of an officer or director — John A. Arrington, MD, President (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System — Rebecca Barth
Signature of Registered Agent — Date

If signing on behalf of an entity:
Assistant Secretary
Rebecca Barth
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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