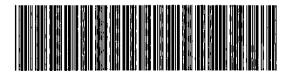
## P1000010950

(Re	equestor's Name)					
(Ac	idress)					
(Ac	łdress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	Certificates of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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JUN 0 5 2017 S. YOUNG





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/275

Re: SHERIDAN RADIOLOGY SERVICES OF VIRGINIA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	itement of cha	nge is submitt	sections 607.0502, 61 ed for a corporation o registered office or r	organized under the	laws of th	ne State of _	FL	<u> </u>	
1.		•	SHERIDAN RADIO			_			
	The principal	office address							
3.			erent):						
4.	Date of incorp	oration/quali	ication: 02/04/2010	Documer	nt number	r: P100000	10950		
			s of the current registe : (If resigned, enter re		ered offic	e on file wi	th the		
		MARCUS	JILLIAN						
		7700 WEST	SUNRISE BOULEVA	RD					
		PLANTATIO	N	FL	33322	2		<b></b>	
	The name and (if changed):		of the new registered	l agent (if changed) a	and /or re	gistered off	fice The second	7 1134 31	
								- 173 T	
		1201 Hays S		NOT acceptable			<b>\$</b> \$		
		Tallahassee			32301	l 		21	
	-		py resolution duly adde corporation has bee					agen	t,
	1	، ح رز	Que	Jill Cilmi, Vice	Preside	nt			
I fi per age her	ereby accept wither agree to formance of sent. Or, if this reby confirm Corporation	o comply with my duties, and s document is that the corport of Service C	ent as registered agen I the provisions of all I I am familiar with a being filed merely to ration has been notif	nt and agree to act in statutes relative to und accept the oblig reflect a change in lied in writing of this	n this cap the prope ation of n	er and com nv position	plete as register	ed I	
By		nature of Registere	Agent	05/25/2017	Da	te			
Ifs	signing on bel	nalf of an enti	ty:						
Gr	ace E. Kirby,	Asst. Vice Pro	esident						
	Ту	ped or Printed Nar							
			* * * FILING	G FEE: \$35.00 * * *	•				

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