Document Number Only



| C T CORPORATION SYS | TEM | | | |
|--|------------------------------|------------------------|------------------------------------|-------|
| Requestor's Name 660 East Jefferson | Street | | | |
| Address Tallahassee, Florid | la 32301 | Cri | 100002167620- 1005/06/970108000 | 91 |
| City State Zip | Phone | | ******35.00 ******35 | 5. Q0 |
| CORPORATI | ON(S) NAME | | - t | |
| | | | 97 H | |
| | | | >\(\text{N}\) \(\text{A}\) | |
| | | | <u> </u> | |
| <u> </u> | Health James | T | | |
| | Tick / the Joseph | / | 1:23 1:23 LORID | |
| () Profit () NonProfit () Limited Liability Compar () Foreign | | nent ion/Withdrawal | () Merger | |
| () Limited Partnership () Reinstatement | () Annual I () Reserva | | () Other () Change of R.A. | |
| () Limited Liability Partner () Certified Copy | ership () Photo C | Copies | () Fictitious Name () CUS | |
| () Call When Ready Walk In () Mail Out | () Call if Pr () Will Wai | | () After 4:30 Pick Up | |
| Name Availability | | DIEAG | E RETURN EXTRA COPY(SA | • |
| Document | | FLEA | FILE STAMEED | Ø |
| Examiner | 5-6-97 | | 1) | |
| Updater Verifier | 5 | 016 | AHIO: L | |
| Acknowledgment | | 9 | EIVED CORPORATION A | |
| W.P. Verlier | | // _\ | P.A. | |
| CR2E031 (1-89) | | (/ ' | Mn. 1 | |

Florida Department of State, Jlm Smith, Secretary of State

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 Delaware submits the following statement in order to change its registered office or registered agent, or both in the State of Florida. |
|---|
| or registered agent, or both, in the State of Florida. |
| 1a. The name of the corporation is: Health Images, Inc. |
| 1b. Date of incorporation 6/12/89 Delaware Document number P24969 |
| Date of Authorization 6/29/89 2. The name and address of the current registered agent and office: |
| Prentice-Hall Corporation System |
| 1201 Hays St., #105, Tallahassee, FL 32301 四年 字 证 |
| 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM |
| c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 3332 |
| The street address of its registered agent 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 solution by the board. |
| William W. Horton, Vice President SIGNATURE Typed or printed name and title |
| |
| DATE |
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED N THIS CERTIFICATE, 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. |
| SIGNATURE BY: |
| DATE 4/30/97 (Registered Agent) Asst. Secretary |

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

FILING FEE: \$35.00

CR2E045 (7-91) (FLA: + 2194 - 374792)