Document Number Only 00001977 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 200002325832--8 -10/21/97--01056--024 *****35.00 *****35.00 City Zip Phone State CORPORATION(S) NAME Cithotips 1 4 () Profit () Amendment () NonProfit () Merger () Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Annual Report ()/Other () Limited Partnership ∴ Change of R.A. () Reservation () Reinstatement () Limited Liability Partnership Fictitious Name () Certified Copy () Photo Copies () CUS () Call if Problem () After 4:30 () Call When Ready () Will Wait Malk In Pick Up () Mail Out Name Availability PLEASE RETURN EXTRA COPY(S FILE STAMPED Document Examiner THANKS, METANIE Updater Verifier

CR2E031 (1-89)

Acknowledgment

W.P. Verliler

Florida Department of State, Jim 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Lithotripsy America, Inc. March 10, 1995 1b. Date of incorporation Document number 2. The name and address of the current registered agent and office: Valdes-Fauli Corporate Services, Inc. 777 South Flagler Drive, Ste. 500E, West Palm Beach, FL 334 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 33324 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 so authorized by the board. Denise Schumann, Secretary SIGNATURE Typed or printed name and title ochorni DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: UL UL

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

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**