

Requestor's Name	
996000037041	
Address	
City/State/Zip	Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

FILED  
 99MAY - 6 AM 8:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100002865031 -- 4  
 -05/06/99--01048--011  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

WA  
 996000037041  
 JRF RACW  
 5-6-99

Examiner's Initials	
---------------------	--

**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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Osceola Imaging, Inc.

2. The mailing address of the corporation is: 2601 S. Bayshore Drive Suite # 500  
Coconut Grove, FL 33133

3. Date of incorporation/qualification: 04/25/96 Document number: P96000037061

4. The name and address of the current registered agent and office:

W. Barry Tanner  
2601 S. Bayshore Drive Suite # 500  
Coconut Grove, FL 33133

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Navix Radiology Systems, Inc. Daniel Jacobson  
attn: Corporate Counsel  
2601 S. Bayshore Drive #500  
Coconut Grove, FL 33133

FILED  
99 MAY -6 AM 8: 48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Daniel Jacobson  
(Signature of an officer, chairman or vice chairman of the board)

4/14/99  
(Date)

Daniel Jacobson - Secretary  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Daniel Jacobson  
(Signature of Registered Agent)

4/14/99  
(Date)

If signing on behalf of an entity:

Daniel Jacobson  
(Typed or Printed Name)

Secretary  
(Capacity)

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