

P97000000800

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coral Gables Radiology Group, P.A.
(Name of corporation)

500007890375--9

-09/20/02--01026--004

*****35.00 *****35.00

DOCUMENT NUMBER: P97000000800

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:

Linda Ripstein, M.D.

(Name of person)

C/o Coral Gables Radiology Group, P.A.

(Name of firm/company)

6041 SW 102nd Street

(Address)

Miami, FL 33156

(City/state and zip code)

For further information concerning this matter, please call:

mark Dresnick at (305) 461-1975

(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
02 SEP 20 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

**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,
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: Coral Gables Radiology Group, P.A.
2. The principal office address: ~~3105 Douglas Road, Coral Gables, FL 33134~~
6041 S.W. 102 St. Miami, FL 33156
3. The mailing address (if different): 6041 SW 102nd Street, Miami, FL 33156
4. Date of incorporation/qualification: 1/6/97 Document number: P9700000800

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Humberto Valdes, MD

11175 SW 108th Court

Miami, FL 33176

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

Linda Ripstein, MD c/o Coral Gables Radiology Group, P.A.

6041 SW 102nd Street

(P.O. Box or personal mailbox NOT acceptable)

Miami, FL 33156

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SECRETARY OF STATE

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.

x Linda Ripstein - VP
(Signature of an officer, chairman or vice chairman of the board)

Linda Ripstein
(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.*

x Linda Ripstein
(Signature of Registered Agent)

9-10-02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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