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CORPORATION N	AME(S) & DOCUMENT	NUMBER(S)	, (if known):		⊒ .	
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NEW FILINGS	AMENDMENTS				- · ·	
Profit	Amendment		2000	1 02865 0)5/06/9901 ******35.00	3123 1948905	
NonProfit	Resignation of R.A., Officer	/ Director	3	*****35.00	*****35.00	
Limited Liability	Change of Registered Agent					
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OTHER FILINGS	REGISTRATION/			1		
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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: Navix MSO Gables, Inc.
2. The mailing address of the corporation is: 2601 S. Bayshore Drive Suite # 500
Coconut Grove, FL 33133
3. Date of incorporation/qualification: 03/10/98 Document number: P98000022513
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. / Janual Jarobson 音声 ま
attn: Corporate Counsel 2601 S. Bayshore Drive #500
Coconut Grove, FL 33133
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.
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(Signature of an Officer, chairman of vice chairman of the board) (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 lam familiar with and accept the obligation of my position as registered agent.
July 199
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Daniel Jacobson Secretary
(Typed or Printed Name) (Capacity)

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