

06/02/04 1:05 FAX 239 936 9999

Division of Corporations

Green Schoenfeld Kyle

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P99000036500

Florida Department of State
Division of Corporations
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From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239) 936-7200
Fax Number : (239) 936-7997

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

HENDRY DIAGNOSTIC IMAGING CENTER, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
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| Estimated Charge | \$96.25 |

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RA Change

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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: Hendry Diagnostic Imaging Center, Inc.
2. The principal office address: 6981 Lake Devonwood Drive, Fort Myers, FL 33908
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/21/1999 Document number: P99000036500

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

Bruce D. Green

12800 University Drive, Suite 600

Fort Myers, FL 33907

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

Bruce D. Green

1520 Royal Palm Square Boulevard, Suite 320

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

Fort Myers, FL 33919

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.

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

Elizabeth P. Kagan President
(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.

[Signature]
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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