

825374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

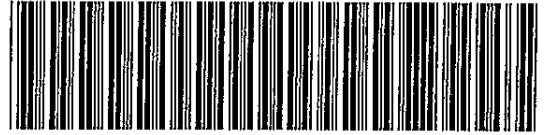
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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12/8/03

FOX • ROTHSCHILD^{LLP}

ATTORNEYS AT LAW

2000 MARKET STREET TENTH FLOOR PHILADELPHIA, PA. 19103-3291
215-299-2000 FAX 215-299-2150 www.foxrothschild.com

Jennifer T. Wolbransky
Direct Dial: (215) 299-2161
Internet Address: jwolbransky@foxrothschild.com

November 23, 2003

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

Re: Konica Medical Imaging, Inc.

Dear Sir/Madam:

Enclosed you will find one (1) original and one (1) copy of the Application for Amended Certificate of Authority for the above referenced corporation. Also, please find enclosed one (1) law firm check, payable to the Department of State, in the amount of \$35.00, in payment of the associated filing fee. An original certificate evidencing the amendment is also attached.

To acknowledge receipt of this filing, kindly date-stamp the enclosed copy of the Application and return the same to me in the stamped, self-addressed envelope provided.

Very truly yours,


Jennifer T. Wolbransky

JTW:jtw
Enclosures
cc: Brian J. Cupka, Esq.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Konica Medical Imaging, Inc.
(Name of corporation)

DOCUMENT NUMBER: 825374

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Wolbransky
(Name of person)

Fox Rothschild LLP
(Name of firm/company)

2000 Market St., 10th Floor
(Address)

Philadelphia, PA 19103
(City/state and zip code)

For further information concerning this matter, please call:

Jennifer Wolbransky at (215) 299-2161
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|---|--|---|

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FILED
03 DEC - 1 AM 11:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

825374
(Document number of corporation (if known))

1. Konica Medical Imaging, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey (Incorporated under laws of) 3. 11-12-1998 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

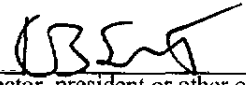
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? September 29, 2003
5. Konica Minolta Medical Imaging U.S.A., Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

6. If the amendment changes the period of duration, indicate new period of duration.

Same
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Same
(New jurisdiction)


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kevin B. Scott, Esq.
(Typed or printed name of person signing)

11-24-03
(Date)

Secretary
(Title of person signing)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

KONICA MINOLTA MEDICAL IMAGING U.S.A., INC.

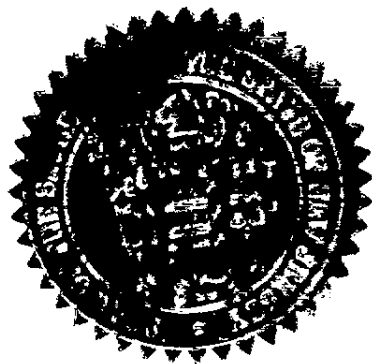
*I, the Treasurer of the State of New Jersey,
do hereby certify, that on 29th day of September, 2003,
a name change certificate was duly filed in this
office, changing the business name from:*

Konica Medical Imaging, Inc.

to:

*Konica Minolta Medical Imaging U.S.A.,
Inc.*

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of November, 2003*



A handwritten signature in cursive script, reading "John E. McCormac".

*John E McCormac, CPA
Acting State Treasurer*