

F04000001929

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 510
Boston, MA 02108
(617) 742-8484 Fax: (617) 742-8482

March 31, 2006

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s):

EXTREMITY IMAGING PARTNERS, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Jessica Lappin

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Extremity Imaging Partners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F04000001929

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:

Jessica Lappin
(Name of Contact Person)

Bay State Corporate Services, Inc.
(Firm/Company)

6 Beacon Street, Suite 510
(Address)

Boston, MA 02108
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Lappin at (617) 742-8484
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Extremity Imaging Partners, Inc.
2. The principal office address: 4500 Brooktree Road, Suite 300, Wexford, PA 15090
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/31/04 Document number: F04000001929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

National Registered Agents, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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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]
(Signature of an officer or director)

Toni DiGiacobbe, Secretary
(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)

3/31/06
(Date)

If signing on behalf of an entity:

Jessica Lappin, Asst. Secretary
(Typed or Printed Name)

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

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