BCA-5.10 OF REGISTERED AGENT NFP-105.10 AND/OR REGISTERED DEFICE File # SUBMIT IN DUPLICATE (Rev. Jan. 1991) George H. Ryan MAY 2 1353 This space for use by Secretary of State Department of Business Services GEORGE II. BYAN Date Springfield, IL 62756 SECRETARY OF STATE Telephone (217) 782-3647 Filing Fee Remit payment in check or money Approved: order, payable to "Secretary of State. DOCTORS DIAGNOSTIC CENTER, LTD DEPT-01 RECORDING CORPORATE NAME: 1. T45555 TRAN 5119 06/18/93 14:35:00 #~93~466478 #3569 # STATE OR COUNTRY OF INCORPORATION: ILLINDIS 2. COOK COUNTY RECORDER Name and address of the registered agent and registered office as they appear on the records of the office 3. of the Secretary of State (or fore change): SCARIANO, JR. WIHONY G. Last Name First Wine Middle Name Registered Office SCARIANC, KALA & ASSOCIATES, P.C. Suite No. (A P.O. Box alone is not acceptable) Street 1450 ABERDELY, CHICAGO HEIGHTS, IL 60411 COOK County Zip Code City Name and midress of the registered agent and rigistered office shall be (after all changes herein reported): HAROLD COLLINS M'Jdle Name Last Name First Name Registered Office 332 S. MICHIGAN AVENUE Sire Suite No. (A P.O. Box alone is not acceptable) Number CHICAGO, IL 60604 COOK. County Zio Code City The address of the registered office and the address of the business cifice of the registered agent, as 5. changed, will be identical. The above change was authorized by: ("X" one box only) (Note 5) a. ** By resolution duly adopted by the board of directors. b. By action of the registered agent. (Note 6) NOTE: When the registered agent changes, the signatures of both president and secretary are required. (If authorized by the board of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. DOCTORS DIAGNOSTIC CENTER, LID. Dated March 9th attested by (Signature of President or Vice President) (Signature of Secretary or Assistant) Secretary) Ben Sales, Secretary Thomas Miller, President (Type or Print Name and Title) (Type or Print Name and Title) (If change of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

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Dated _

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(Signature of Registered Agent of Record)

NOTES

- The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or road address, a post office box number alone is not acceptable.
- 3. A corporation cannot ect as its own registered agent.
- If the registered office is cheared from one county to another, then the corporation must file with the recorder 4. of deeds of the new county a scritified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
- 5. Any change of registered agent must be try resolution adopted by the board of directors. This statement must then be signed by the president (or vice president) and by the secretary (or an assistant secretary).
- The registered agent may report a change of the registered office of the corporation for which he or sha is Ounty Clark's Office registered agent. When the agent reports such a change, this statement must be signed by the registered agent.