

\$ 20.00
No Fee

Corp. ID # 0017852

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH,
OF

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section _____ of the General Laws, 1956, as
(Insert "7-1.1-12" if a domestic corporation, or "7-1.1-107" if a foreign corporation.)
amended, the undersigned corporation, organized under the laws of the State of RI,
, submits the following statement for the purpose of changing its
registered office or its registered agent, or both, in the State of Rhode Island:

FIRST: The name of the corporation is Rhode Island Medical Imaging, Inc.

SECOND: The address of its present registered office is 227 Angell Street
Providence, RI

THIRD: The address to which its registered office is to be changed is

FOURTH: The name of its present registered agent is Daniel J. Hanson, M. D.

FIFTH: The name of its successor registered agent is Barbara Schepps, M. D.

SIXTH: The address of its registered office and the address of the business office of
its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of
directors.

Dated February 22, 1991

By *Barbara Schepps MD*
Its President

02#55361

REC'D
SECRETARY OF STATE
CORPORATE
MAR 1 11 53 AM '91

STATE OF *Rhode Island* }
COUNTY OF *Providence* } Sc.

At *Providence* in said county on this *22nd* day
of *February*, 1991, personally appeared before me *Barbara*
Schepps, who, being by me first duly sworn, declared that she
is the *President* of *Rhode Island Medical Imaging*
that he signed the foregoing document as *Registered Agent* of the
corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

Mary B Welch
Notary Public
My Commission Expires 6/30/91