

P18000076269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP WAIT MAIL

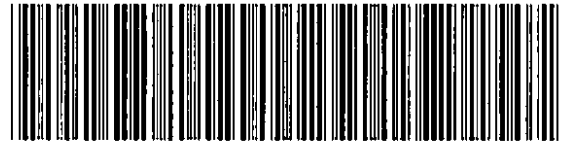
(Business Entity Name)

(Document Number)

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Account#: I20000000088

Date: April 22, 2021

Name: KEN HOWELL

Reference #: 1359876

Entity Name: INSIGHT MEDICAL GROUP, P.A.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

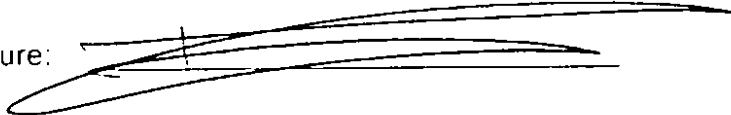
Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$35-**

Signature: 

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: InSight Medical Group, P.A.
2. The principal office address: 1120 Route 73 STE 300, Mt. Laurel, NJ 08054
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/10/2018 Document number: P18000076269
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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):

Cogency Global Inc.
115 North Calhoun Street, STE 4
Tallahassee, FL 32301

P.O. Box NOT acceptable

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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.

/s/ James Varrell
Signature of an officer or director

James Varrell, 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 of Registered Agent

4/21/21
Date

If signing on behalf of an entity:

Shannon Maddox, Asst Secretary
Typed or Printed Name

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