

CT CORPORATION

P99800003088

CORPORATION(S) NAME

Florida Diagnostic Imaging Center, Inc.

FILED
02 AUG 13 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 AUG 13 PM 12:09
DIVISION OF CORPORATION

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☐ LLC	☐ Name Registration	☒ Change of RA
	☐ Fictitious Name	☐ UCC
☐ Certified Copy	☐ Photocopies	☐ CUS
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/13/02

Order#: 5520016

AAM

Ref#:

C. Coulliette AUG 14 2002

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

200007079662--6
-08/13/02-01063-006
*****35.00 *****35.00

X00789, 00709, 00672



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

RECEIVED

02 AUG 14 PM 12:34

DIVISION OF CORPORATION

August 13, 2002

CT Corporation System
660 East Jefferson St.
Tallahassee, FL 32301

SUBJECT: FLORIDA DIAGNOSTIC IMAGING CENTER, INC.
Ref. Number: P99000003088

We have received your document for FLORIDA DIAGNOSTIC IMAGING CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 002A00048045

*Please refine
+ back date
accordingly to
8/13/02!*

*Super Rush
if possible*

Thank you!

Thank you!

Thank you!

AsfM.

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Florida Diagnostic Imaging Center, Inc.

2. The mailing address of the corporation : 4300 North Point Parkway
Alpharetta, Georgia 30022

3. Date of incorporation/qualification: 1/8/99 Document number: P99000003088

4. The name and address of the current registered agent and office:

John K. Luke
4511 North Davis Highway, Suite 1-B
Pensacola, FL 32503

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

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.

Thomas Gentry
(Signature of an officer, chairman or vice chairman of the board)

8/12/02
(Date)

Thomas Gentry, Assistant Secretary and Assistant Treasurer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System

By:

Connie Bryan
(Signature of Registered Agent)

8/13/02
(Date)

If signing on behalf of an entity:

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314