I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: GUIDOVER MANSO	PSDT	03/04/2013

I hereby certify that the information indicated on this report or supplem	ne
oath; that I am an officer or director of the corporation or the receiver	ol

Title	P
Name	MANSO, GUIDOVER
Adroop	

Name	MANSO, GUIDOVER
Address	500 W MARTIN LUTHER K

Officer/Director Detail : VP Title Name KING BLVD Address City-State-Zip: TAMPA FL 33603

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Mailing Address:

TAMPA, FL 33603

DOCUMENT# P02000117078

500 W. MARTIN LUTHER KING BLVD.

500 W. MARTIN LUTHER KING BLVD. TAMPA FL 33603

Current Principal Place of Business:

FEI Number: 11-3661952

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

SIGNATURE:

Entity Name: AMERIMED DIAGNOSTIC SERVICES, INC.

FILED Mar 04, 2013 Secretary of State CC6807915578

Date

Certificate of Status Desired: Yes

FERNANDEZ, CARMEN 500 W MARTIN LUTHER KING BLVD TAMPA FL 33603 City-State-Zip:

SIGNATURE: GUIDOVER MANSO

Electronic Signature of Signing Officer/Director Detail

Date