

**600404**

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE**

**SPACE COAST RADIOLOGY ASSOCIATES - DRs. ANDERSON, MA**

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Space Coast Radiology Associates - Drs. Anderson, Mayer, Flynn and Sorbello, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** 600404

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

David L. Schick, Esq.  
Name of Contact Person

Baker Hostetler  
Firm/Company

200 S. Orange Avenue, Suite 2300  
Address

Orlando, Florida 32801  
City/State and Zip Code

dschick@bakerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Schick, Esq. at ( 407 ) 649-4084  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Space Coast Radiology Associates - Drs. Anderson, Mayer, Flynn and Sorbello, P.A.

2. The principal office address: 951 North Washington Avenue, Titusville, Florida 32796

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 26, 1968 Document number: 600404

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)

David L. Schick, Esq.  
301 E. Pine Street, Suite 1400  
Orlando, Florida 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David L. Schick, Esq.  
200 S. Orange Avenue, Suite 2300  
P.O. Box NOT acceptable  
Orlando, Florida 32801

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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.

*Robert L. Anderson, Jr.*  
Signature of any officer or director

Robert L. Anderson, Jr., 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.

*David Schick*  
Signature of Registered Agent

June 16, 2017  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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