

#A32712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

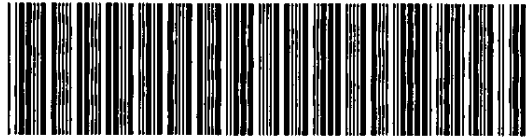
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICUS DIAGNOSTIC CENTERS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A32712

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LESLIE A. MAYBERRY

Contact Person

MEDICUS DIAGNOSTIC CENTERS, LTD.

Firm/Company

2188 SPRINT BLVD.

Address

APOPKA, FL 32703

City, State and Zip Code

LMAYBERRY@MEDICUSLITHOTRIPSY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE A. MAYBERRY

Name of Contact Person

at (407)

644-1262

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MEDICUS DIAGNOSTIC CENTERS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3-20-1992
Date of filing/registration in Florida

3. A32712
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

TED S. FINKEL
Name
2188 SPRINT BLVD
Address
APOPKA, FL 32703
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

LESLIE A. MAYBERRY
Name
2188 SPRINT BLVD.
Florida street address (P.O. Box not acceptable)
APOPKA FL 32703
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Leslie A. Mayberry, President of General Partner
Signature of General Partner

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 obligations of my position as registered agent.

Leslie A. Mayberry
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50