

**A 32712**  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
 Account Number : 072720000036  
 Phone : (407)843-4620  
 Fax Number : (407)377-6544  
 Attn: *Tamara Medans*

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 DIVISION OF CORPORATIONS  
 FLORIDA DEPARTMENT OF STATE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
 MEDICUS DIAGNOSTIC CENTERS, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**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. 3/20/92 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:

MAYBERRY, LESLIE A  
Name

2188 SPRINT BLVD  
Address

APOPKA, FLORIDA 32703  
City, State and Zip

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

MAYBERRY, LESLIE A  
Name

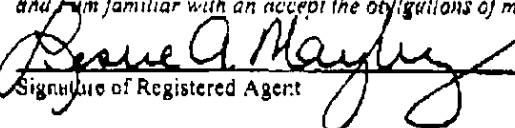
336 Alexandria Place Drive  
Florida street address (P.O. Box not acceptable)

APOPKA FL 32712  
City, State and Zip

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

  
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.*

  
Signature of Registered Agent

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

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