

100002989881--3 -09/17/99--01060--006 *****35.80 *****35.00

VIA U.S. MAIL

September 13, 1999

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: FLORIDA IMAGING AT TRESURER COAST, LTD.

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Richard L. Gonzales

Enclosures

Name
Availability

Document
Examinar

Updater

Updater

Varifyer

Acknowledgement

W. P. Versser

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

Pursuant to the pro	ovisions of sections 620.105 and 620.1051, Florida Statutes, the	undersigned limited
partnership organize	ed under the laws of the state of Florida	, submits the
following statement	t in order to change its registered office or registered agent, or	both, in the state of
Florida.		
, Florida Imaging	At Treasure Coast, LTD.	
1	Name of the limited partnership	
2 August 7, 1998	3 A98000001899	
	registration in Florida Document number a	issigned
4. The name and ac	ddress of the present registered agent and office:	99 SE
	Paul M. Stanley	
	15438 North Florida Avenue, Suite 200	
	Tampa, FL 33613	- 20 2
5. The name and st	reet address of the successor registered agent and office: (P.O. Box	not acceptable)
	NRAI Services, Inc.	- · -
	526 E. Park Avenue	-
	Tallahassee, FL 32301	_
Such change was au Questran Ly Ly	Mentherized by the general partners. Thank Const., INC., G.P. R. Menchil, V.P. Signature of General Partner	
/	\	Date
partnership at the p	ed as registered agent and to accept service of process for the colace designated in this certificate, I hereby accept the appointment this capacity. I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and accepted agent.	nt as registered agent statutes relative to the
C. £	3013/99	
Charles Bacle	Registered Agent signature	Date
ATCS LICSTUCK		

Filing Fee: \$35.00

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