F14000004479

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE OIVISION OF CORPORATIONS

C/17/14

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Diagnostic Precision, Inc.

Name of Corporation

DOCUMENT NUMBER: F14000004479

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:

Kevin Donald

Name of Contact Person

Diagnostic Precision, Inc.

Firm/Company

1 N. Dale Mabry Hwy., Suite 600

Address

Tampa, FL 33609

City/State and Zip Code

kevin.donald@diagnosticprecisioninc.com

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

For further information concerning this matter, please call:

Kevin Donald

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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, t organized under the laws of the State of <mark>Delaware</mark> registered agent, or hoth, in the State of Florida.	
 The name of The principal 	the corporation: Diagnostic Proffice address: 1 N. Dale Mat	ecision, Inc. ory Hwy., Suite 600, Tampa, FL 336	309
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/15/20	Document number: F140000044	79
	d street address of the current regist rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Kevin Donald		
	1766 Beville Rd		. 👱
	Clearwater, FL 33765		SECRETARY DIVISION OF CO
6. The name and (if changed):	U	ed agent (if changed) and /or registered office	
	Kevin Donald		AM 10: 82
	· · · · · · · · · · · · · · · · · · ·	Suite 600, Tampa, FL 33609 ox NOT acceptable	B2
The street addr	ress of its registered office and the selection is the selection of the se	street address of the business office of its register	ed agent,
-		lopted by its board of directors or by an officer so en notified in writing of the change.	
	-ahrh Manun	Satish Sanan, CEO	
I hereby accept I further agree performance of agent. Or, if the	t the appointment as registered age to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely to that the corporation has been not		etered s, I
Sig	gnature of Registered Agent	December 10th, 2014	
If signing on be	ehalf of an entity:		
Kevin Don	ald		
7	Typed or Printed Name		

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