## G30385

Examiner's Initials

Requestor's Name MRI SCAN CENTER Northeast Medical Center 3122 E. Commercial Boulevard Fort Lauderdale, Florida 33308 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Mail out ₩ill wait Photocopy Certificate of Status AMENDMENTS = NEW FILINGS Profit Amendment NonProfit \*\*\*\*\*35.00 \*\*\*\*\*35.00 Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report RAChq. Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement SEP 0 4 1998 Trademark

Other

CR2E031(1/95)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

undersigned co	orporation organized under the laws of the	12, 607.1508, or 617.1508, Florida Statutes, the State ofFLORIDA ristered office or registered agent, or both, in the	
State of Florid			
1I ne name of	the corporation is:		
2. The mailing	address of the corporation is.	OWN CENTER CIRCLE, SUITE 560 ATON, FL 33486	
3. Date of inco	orporation/qualification: 03/21/1998	Document number: G30385	
4. The name as	nd address of the current registered agent an	nd office:	
	Roberto Pelenzuela		
	350 N.W. 12th Avenue		
	Deerfield Beach, FL 33442	office: (P. O. Box Not Acceptable)	ν.
5. The name as	nd address of the new registered agent and o	office: (P. O. Box Not Acceptable)	0
	Noel J Guillama	This is	
	5100 TOWN CENTER CIRCLE, S	SUITE 560	_
	BOCA RATON, FL 33308		
		address of the business office of its registered	
Such change/ authorized/by/	As authorized by resolution duly adopted the board.	d by its board of directors or by an officer so	
IN	Shullan /	8/19/1998	
Signatur	re of an officer, chairman or vice chairman of the boar	rd) (Date)	
Noel .	J Guillama, President and CE	©O	
	(Printed or typed name and title)	(Date)	
Having been/r corporation l	named as registered agent and lo accept s Thereby accept the appointment as registe	service of process for the above stated	
I fürther agree performance o	e to comply with the provisions of all state	ered agent and agree to act in this capacity.  Futes relative to the proper and complete  accept the obligation of my position as	
registered age	pi.	weeps me congunor of my position as	
Jul	1. Smillen	8/19/1998	
/ 1 1	(Signifiture of Registered Agent)	(Date)	
1 "	nalfofan eatity:	President and CEO	
	litan Health Networks, Inc. (Typed or Printed Name)	(Capacity)	

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