

G 51198

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 17 PM 12:00

**REGISTERED AGENT CHANGE
THE IMAGING ASSOCIATES, INC.**

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

RECEIVED

11 NOV 17 AM 8:47

TALLAHASSEE, FLORIDA

C.COULLIETTE

NOV 17 2011

EXAMINER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1504, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE IMAGING ASSOCIATES, INC.
2. The principal office address: 3301 USF ALUMNI DR TAMPA FL 33612 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/23/1983 Document number: G31198
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PHILLIPS, CYNTHIA
3301 USF ALUMNI DRIVE
TAMPA FL 33612-6413 US

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1300 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Authorized Officer or Director

F. Reed Murtogh MD Sec. Treasurer
Printed or Typed Name

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: _____
Signature of Registered Agent

11/16/2011
Date

If signing on behalf of an entity:

Rebecca Patch
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED45 (8/05)

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DIVISION OF CORPORATIONS
NOV 17 PM 12:00