

G58097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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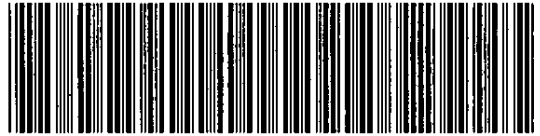
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Roberts JAN 15 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VETERINARY RADIOGRAPHIC SYSTEMS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** G58097

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:

CRISPIN P. SPENCER  
Name of Contact Person

VETERINARY RADIOGRAPHIC SYSTEMS, INC.  
Firm/Company

505 Beachland Boulevard, Suite 1, #156  
Address

Vero Beach, FL 32963  
City/State and Zip Code

cspencer@atlantic.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crispin Spencer at ( 954 ) 732-8899  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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: VETERINARY RADIOGRAPHIC SYSTEMS, INC.
2. The principal office address: 505 Beachland Boulevard, Suite 1, #156  
Vero Beach FL, 32963
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9-2-1983 Document number: G58097
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)

Crispin P. Spencer

9200 NW 39th Ave. Suite 130

Gainesville, FL 32606

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

Crispin P. Spencer

505 Beachland Boulevard, Suite 1, #156

P.O. Box NOT acceptable

Vero Beach, FL 32963

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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.

Crispin P. Spencer  
Signature of an officer or director

Crispin P. Spencer - President  
Printed or typed name and title

*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.*

Crispin P. Spencer  
Signature of Registered Agent

1.12.2010  
Date

If signing on behalf of an entity:

Crispin P. Spencer  
Typed or Printed Name

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