

# G66795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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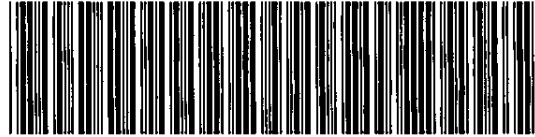
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bethesda CT Scan Associates, Inc  
Name of Corporation

DOCUMENT NUMBER: 666795

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:

Pat Stalack  
Name of Contact Person  
Bethesda CT Scan Associates, Inc  
Firm/Company  
2815 S. Seacrest Blvd.  
Address  
Boynton Beach, FL 33424  
City/State and Zip Code  
bmhrad@gmail.com  
E-mail address: (to be used for future annual report notification)

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16 DEC -5 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pat Stalack at ( 561 ) 737-7733 X 84780  
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: Bellesda CT Scan Associates, Inc
2. The principal office address: 2815 S. Seccrest Blvd  
Boynton Beach, FL 33435
3. The mailing address (if different): P.O. Box 243389  
Boynton Beach, FL 33434
4. Date of incorporation/qualification: 10/27/1993 Document number: G-66795
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)

Steven J. Rooney

2815 S. Seccrest Blvd

Boynton Beach, FL 33435

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

Lane A. Deyoe

2815 S. Seccrest Blvd

P.O. Box NOT acceptable

Boynton Beach, FL 33435

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.

X

[Signature]  
Signature of an officer or director

Carol Adams

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.

X

[Signature]  
Signature of Registered Agent

11/23/16

Date

If signing on behalf of an entity:

Bellesda CT Scan Associates, Inc

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA