

K77460

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A. change

T BROWN JUN - 1 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedCenter Diagnostics, Inc.

(Name of corporation)

DOCUMENT NUMBER: K77460

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:

Tillman Eddy

(Name of person)

MedCenter Diagnostics, Inc.

(Name of firm/company)

PO Box 1000

(Address)

Boynton Beach, FL 33425

(City/state and zip code)

For further information concerning this matter, please call:

Tillman Eddy

(Name of person)

at (561) 732.7885

(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 8, 2004

TILLMAN EDDY
MED CENTER DIAGNOSTICS, INC.
P.O. BOX 1000
BOYNTON BEACH, FL 33425

SUBJECT: MED CENTER DIAGNOSTICS, INC.
Ref. Number: K77460

We have received your document for MED CENTER DIAGNOSTICS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 604A00031932

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: Med Center Diagnostics, Inc.
2. The principal office address: 3800 S. Congress Avenue Suite 9
Boynton Beach, FL 33426
3. The mailing address (if different): P.O. Box 1000, Boynton Beach, FL 33425
4. Date of incorporation/qualification: 4/4/89 Document number: K77460
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joseph K. Still, Jr.
500 Australian Ave. S. Suite 600
West Palm Beach, FL 33401

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

ADAG, Inc.
3800 S. Congress Ave., Suite 9
(P.O. Box or personal mailbox NOT acceptable)
Boynton Beach, FL 33426

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TALLAHASSEE, FLORIDA


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 of an officer or director)

Tillman L. Eddy, 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.


(Signature of Registered Agent)

May 17, 2004
(Date)

If signing on behalf of an entity:

William R. King
(Typed or Printed Name)

President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314