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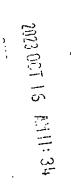
(Requestor's Name)							
(Ad	dress)	<u> </u>					
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(Cit	y/State/Zip/Phon	e #\)					
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PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							
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COVER LETTER

TO: Registration Section Division of Corporations		
HEALTH DIAGNOSTICS OF MIAMI, I	,LC	
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Marie Hauer		
Name of Person		
C T Corporation System		
Firm/Company		
28 Liberty St.		
Address		
New York, NY 10005		
City/State and Zip Code	 _	
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	ise call:	
al		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	randiassec, Fiorida 32314	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company: HEALTH DIAG	NOSTIC	S C	OF MIAMI, LL	С		
2. (a)		(1	h١		u		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(٠,,	Mail	ing address of limited ote; MAY BE POST	liability co	mpany:
	1661 S.W. 37th Avenue			110 Marcus Da	rive		
	Miami, FI. 33145	_	-	Melville, NY I	1747		
	11/01/2002		I	.08000032273			
3.	Date of filing/registration in Florida	4.	_	Do	cument number		
5. (a)	CORPDIRECT AGENTS, INC						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	la I	Dept. of State:			
						Ţ:,,	202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S}</u>			- - -	300
	1200 South Pine Island Road						1023 OCT 16
	Miami , F	33324					
/E)	C T Corporation System					-	MI II: 34
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	Jdr	<u>css</u> :		•	$\frac{3}{4}$
	NEW Registered Office Address:	- .					
	1200 South Pine Island Road						
	1200 South Fine Island Road						
	Plantation, F	L 33324					
signo I here provis- the obt to mer notifie	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative yere of the members icles of organization or the operating agreement of the under of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. CT Corporation System	of the reginability confidence limited	iste on nit lia	ered office an apany, it is he ed liability compared bility compared by the co	d the business of creby confirmed the company or as other colling. CHAL COLLING inted or typed name of the colling and I am families, and I am families.	tice of the hat the cherwise pro	e registered ange(s) ovided in