

((H20000016502 3)))

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.

1. Name of the limited liability company: InMed Diagnostic Services of Florida, LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
8300 West Sunrise Blvd.
Plantation, FL, US, 33322
03/19/2010

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
8300 West Sunrise Blvd.
Plantation, FL, US, 33322
L10000030720

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
LEGALINC CORPORATE SERVICES INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
Oh, Taeho
NEW Registered Office Address
8110 Royal Palm Blvd Suite 100
Coral Springs, FL 33065

FILED
2020 JAN 16 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rohit Navani

Rohit Navani

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taeho Oh

Signature of Registered Agent

To: 18506176383 From: 14693173436 Date: 01/16/20 Time: 7:41 AM Page: 01/03
To: 12143174754 From: Restricted Date: 01/16/20 Time: 6:57 AM Page: 01
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January 16, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INMED DIAGNOSTIC SERVICES OF FLORIDA, LLC

8100 ROYAL PALM BLVD

SUITE 100

CORAL SPRINGS, FL 33065

SUBJECT: INMED DIAGNOSTIC SERVICES OF FLORIDA, LLC

REF: L10000030720

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Octavia L Simmons

FAX Aud. #: H20000016502

Regulatory Specialist II Supervisor

Letter Number: 920A00001211

2020 JAN 16 PM 12:03