

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
EXCELLENCE IN MRI, P.A.

Certificate of Status	0
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Page Count	01
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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: Excellence in MRI, P.A.

2. The principal office address: 736 Kiwi Circle, Winter Park, Florida 32789

3. The mailing address (if different): 2111 Glenwood Drive, Suite 101, Winter Park, Florida 32792

4. Date of incorporation/qualification: May 7, 1990 Document number: L71284

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)

John R. Kencilia
1795 West NASA Boulevard
Melbourne, FL 32901

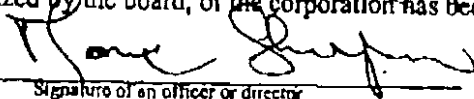
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marc Shapiro, M.D.
2111 Glenwood Drive, Suite 101, Winter Park, Florida 32792
P.O. Box NOT acceptable
Winter Park, FL 32792


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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.

X  Marc Shapiro, M.D.
Signature of an officer or director 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  11/18/20
Signature of Registered Agent Date

If signing on behalf of an entity:

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