

md1000000530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11/8 R/A Change

md1-530

Office Use Only



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25.00

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04 NOV -8 PM 1:30  
STATE OF FLORIDA  
TALLAHASSEE



NATIONAL SERVICE INFORMATION, INC.  
www.nsii.net

November 5, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith  
Corporate Services Manager

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: King's Medical Imaging Services, LLC  
(Name of corporation)

DOCUMENT NUMBER: M01000000530

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:

Traci Smith  
(Name of person)

National Service Information, Inc.  
(Name of firm/company)

145 Baker Street  
(Address)

Marion, OH 43302  
(City/state and zip code)

For further information concerning this matter, please call:

Traci Smith at ( 740 ) 387-6806  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: King's Medical Imaging Services, LLC

2. The principal office address: 1894 Georgetown Road, Hudson, Ohio 44236

3. The mailing address (if different): 1894 Georgetown Road, Hudson, Ohio 44236

4. Date of incorporation/qualification: November 1, 2000 Document number: M01000000530

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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

NRAI Services, Inc.

526 E. Park Avenue

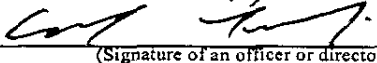
(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, Florida 32301

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.

*King's Medical Imaging Services LLC*



(Signature of an officer or director)

*Clark Luboski, Treasurer*

(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.

by: *Traci Smith*

(Signature of Registered Agent)

*11/5/04*

(Date)

If signing on behalf of an entity:

Traci Smith

(Typed or Printed Name)

Assistant Secretary

(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

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STATE  
TALLAHASSEE, FLORIDA