

P 0000000 20124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
111 AUGUSTE P. BOYD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arlene M. Weinschelbaum, MD, PA
Name of Corporation

DOCUMENT NUMBER: P00000020124

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:

Rob Hardin

Name of Contact Person

Doctors Imaging Group, LLC

Firm/Company

6885 NW 9th Boulevard

Address

Gainesville, FL 32605

City/State and Zip Code

rhardin@doctorsimaginggroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S. Thomas

Name of Contact Person

at (352)

392-9990

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Arlene M. Weinshelbaum, MD, PA
2. The principal office address: 6820 NW 11th Place, Gainesville, FL 32605
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/07/2006 Document number: P000000020124
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)

Resigned

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

Rob Hardin

6685 NW 9th Boulevard

P.O. Box NOT acceptable

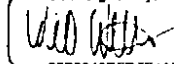
Gainesville, FL 32605

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SECRETARY OF STATE
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 corporation has been notified in writing of the change.

DocuSigned by:



William Williams, MD

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.

DocuSigned by:



03/19/2025

Signature of Registered Agent

Date

If signing on behalf of an entity:

Rob Hardin

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
CR2E045 (04/13)