

P00000063213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

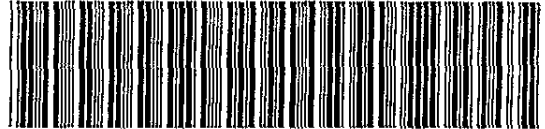
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of R.A.
Chapman

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREASURE COAST DIAGNOSTIC IMAGING, INC
(Name of corporation)

DOCUMENT NUMBER: 700000063213

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:

BARBARA A. LONG
(Name of contact person)

TREASURE COAST DIAGNOSTIC IMAGING, INC
(Firm/Company)

1298 SW PARMA AVE
(Address)

PORT ST LUCIE, FLORIDA 34953
(City/state and zip code)

For further information concerning this matter, please call:

BARBARA A. LONG at (772) 283-4288
(Name of contact 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TREASURE COAST DIAGNOSTIC IMAGING, INC.
2. The principal office address: 1298 SW PARMA AVE
PORT ST LUCIE, FL 34953
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/29/2000 Document number: P00000063213

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

GEARIN, JOHN
9950 S OCEAN DR.
JENSEN BEACH, FL 34957

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TALLAHASSEE, FLORIDA

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

FINK, DONALD
9950 S. OCEAN DR.
(P.O. Box NOT acceptable)
JENSEN BEACH, FL 34957

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.

(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.

Don Fink
(Signature of Registered Agent)

1-24-05
(Date)

If signing on behalf of an entity:

Don Fink
(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