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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coral East Diagnostic and Medical Center, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000121744

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:

Marilyn Turro
(Name of person)

Coral East Diagnostic and Medical Center, Inc.
(Name of firm/company)

2460 S.W. 22nd St.
(Address)

Miami, FL 33145
(City/state and zip code)

For further information concerning this matter, please call:

Marilyn Turro at (305) 860-8099
(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
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Coral East Diagnostic and Medical Center, Inc.
2. The principal office address: 2460 S.W. 22nd St., Miami, FL 33145

3. The mailing address (if different): Same

4. Date of incorporation/qualification: Florida Document number: P01000121744

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

George Lorenzo
2460 S.W. 22nd St.
Miami, FL 33145

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

Marilyn Turro
2460 S.W. 22nd St.
(P.O. Box or personal mailbox NOT acceptable)
Miami, FL 33145

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, chairman or vice chairman of the board)

(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.*

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Marilyn Turro
(Typed or Printed Name)

Registered Agent
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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