

P020000041782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST IMAGING PARTNERS PA
Name of Corporation

DOCUMENT NUMBER: P02000041782

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:

PAUL VECT MD
Name of Contact Person

SUNCOAST IMAGING PARTNERS PA
Firm/Company

3959 VAN DYKE RD #188
Address

LUTZ FL 33558
City/State and Zip Code

radnet @ verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL VECT MD at (813) 546-9717
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: SUNCAST IMAGING PARTNERS, PA
2. The principal office address: 3959 VAN DYKE RD #188
LOT3 FL 33558
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 4/18/2002 Document number: P02000041782

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)

PAUL VEET MD
500 VONDERBERG DR #111
BRANDON, FL 33511

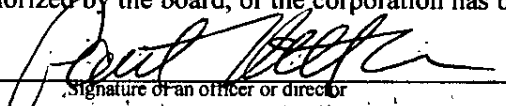
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAUL VEET MD
3959 VAN DYKE RD #188
LOT3 FL 33558

P.O. Box NOT acceptable

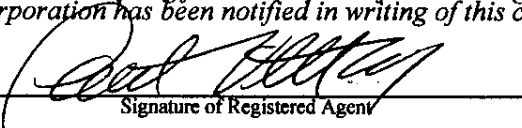
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PAUL VEET MD: President
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

1/14/12
Date

If signing on behalf of an entity:

SUNCAST IMAGING PARTNERS
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