

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : AKERMAN SENTERFITT - TAMPA

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REGISTERED AGENT CHANGE

FAMILY OPEN MRI OF ORLANDO, INCORPORATED

C	
Certificate of Status	0
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8/7/2007

8 - WA

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORAT

	ne provisions of sections 607.0502, 617.0502, thange is submitted for a corporation organize			
in or	der to change its registered office or registere	ed agent, or both, in the State of Florid	da.	
1. The name of	of the corporation; Family Open MRI of Orlan	do, Incorporated		
2. The princip	al office address: 6388 Silver Star Road, Sul	te 1-A, Orlando, FL 32818		
3. The mailing	g address (if different); 607 W. Martin Luther	King Blvd., Suite 103, Tampa, FL	33603	
	, , , , , , , , , , , , , , , , , , , ,		·	
4. Date of inc	orporation/qualification: 08/16/2002	Document number: P020000898	304	
	and street address of the current registered age		ne 	
	William Kallsh	•	를 9	
	401 E. Jackson Street, Suite 170	0	7 AUG	ادال.
	Tampa, FL 33602		7 AUG - 7 CRETARY LAHASSEE	
6. The name a	and street address of the new registered agent):	(if changed) and /or registered office	7 AM 10: 44 RY OF STATE SEE, FLORID.	
	American Information Services, I	nc.	TATE	
	401 E. Jackson Street, Suite 170	0		
	(P.O. Box NOT acceptable) Tampa, FL 33602			
The street ade	dress of its registered office and the street ac	dress of the business office of its re	gistered agent	,
Such change authorized by	was authorized by resolution duly adopted ly the board, or the corporation has been noti-	y its board of directors or by an offi fied in writing of the change.	icer so	
A. C	slagan natury of an officer or director)	Amir Glogau, Officer		· · <u> </u>
I hereby acce I further agre of my duties, document is l corporation l	put the appointment as registered agent and the to comply with the provisions of all statut and I am familiar with and accept the oblig peing filed merely to reflect a change in the has been notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity, es relative to the proper and comple ation of my position as registered ag registered office address, I hereby co	te performant rent. Or. if th	ce is e
Sia	(Signature of Registered Agent) Post - Scretce	J-7-07		
	behalf of an entity: L. Evans	9		
	(Typed or Printed Name)			
	* * * FILING FEE	: \$35.00 * * *		
	MAKE CHECKS PAYABLE TO FLOR MAIL TO: DIVISION OF CORPORATIONS, P.O	ida Department of State . Box 6327, Tallahassee, FL 3231	14	
CR2E045 (8/05)		(((H0700019		