

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
HOMOSASSA OPEN MRI, INC.**

Certificate of Status	0
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Corporate Filing Menu

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STATE OF FLORIDA
TALLAHASSEE

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RECEIVED



February 22, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOMOSASSA OPEN MRI, INC.
8464 W. AQUADUCT ST.
HOMOSASSA, FL 34448

SUBJECT: HOMOSASSA OPEN MRI, INC.
REF: P02000105455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: B24000070725
Letter Number: 824A00003987

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SECRETARY OF STATE

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: HOMOSASSA OPEN MRI, INC.
2. The principal office address: 8464 W. AQUADUCT ST.
HOMOSASSA, FL 34448
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/2002 Document number: P02000105455
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)

COGENCY GLOBAL INC.115 N. CALHOUN STREET - STE. 4TALLAHASSEE, FL 32301

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

Capitol Corporate Services, Inc.515 East Park Avenue 2nd FlP.O. Box NOT acceptableTallahassee, FL 32301

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 directorTina Heirsch, SR VP of FinancePrinted 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 Agent2/22/2024Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.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

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