

P030000005682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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77 MAY -1 AM 9:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imaging Center Management Inc

Name of Corporation

DOCUMENT NUMBER: P03000005682

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:

Richard A Sarner MD

Name of Contact Person

Imaging Center Management

Firm/Company

2450 Metrocentre Blvd

Address

West Palm Beach, FL 33407

City/State and Zip Code

rsarner@mri-Imaging.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard A Sarner

Name of Contact Person

at (561) 371-1121

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
MAY - 1 AM 9:58

**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: Imaging Center Management Inc
2. The principal office address: 2450 Metrocentre Blvd.
West Palm Beach, FL 33407
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/15/2003 Document number: P03000005682
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)

James Stroschein

2450 Metrocentre Blvd

West Palm Beach, FL 33407

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

Richard A Sarner

2450 Metrocentre Blvd

P.O. Box NOT acceptable

West Palm Beach, FL 33407

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
17 MAY - 1 AM 9:58

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.

Richard A. Sarner
Signature of an officer or director

Richard A Sarner
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.

Richard A. Sarner
Signature of Registered Agent

4/21/17
Date

If signing on behalf of an entity:

Richard A Sarner
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
CR2E045 (03/12)