

PO3000065465

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

DC

MAY 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDIMAGING, INC.
Name of Corporation

DOCUMENT NUMBER: P03000065465

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:

Mike Luetgert
Name of Contact Person

Michael Moecker & Associates, Inc.
Firm/Company

1409 West Swann Ave.
Address

Tampa, FL 33606
City/State and Zip Code

mluetgert@moecker.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willard A. Blair, Esq. at (813) 229-7600
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- Sarasota, FL 34232 US

- Tampa, FL33602

Printed or typed name and title

5/20/10
Date

CR2E045 (8/05)