

PA3000068816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

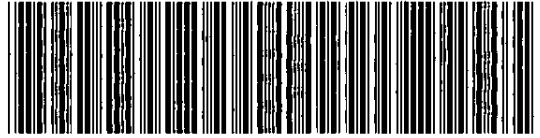
(Business Entity Name)

(Document Number)

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3-3-09

FILED
09 MAR -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Radiology Center, Inc.
(Name of Corporation) +

DOCUMENT NUMBER: P03000068816

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:

Joseph R. Gosz
(Name of Contact Person)

The Gosz Professional Limited Company
(Firm/Company)

200 S. Biscayne Blvd., Ste. 4650
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph R. Gosz at (305) 505-6340
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

JOSEPH R. GOSZ
THE GOSZ PROFESSIONAL LIMITED COMPANY
200 S. BISCAYNE BLVD., SUITE 4650
MIAMI, FL 33131

SUBJECT: SOUTH FLORIDA RADIOLOGY CENTER, INC.
Ref. Number: P03000068816

We have received your document for SOUTH FLORIDA RADIOLOGY CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the name of the officer/director the attorney is signing on behalf.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00005471

RECEIVED
2009 MAR -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: South Florida Radiology Center, Inc.
2. The principal office address: 4253 N. State Road 7, Lauderdale Lakes, FL 33319
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/20/2003 Document number: P03000068816
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)

Garcon, Gregoire

4297 N. State Road 7

Lauderdale Lakes, FL 33319

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

Joseph R. Gosz

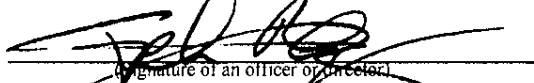
200 S. Biscayne Blvd., Ste. 4650

(P.O. Box NOT acceptable)

Miami, FL 33131

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)

Joseph R. Gosz, attorney for South Florida
(Printed or typed name and title)

Radiology Center, Inc. and Harry C. Douze,
President

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)

2/9/09

(Date)

If signing on behalf of an entity:

(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 (8/05)

FILED
09 MAR - 3 PM 3:44
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE