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AUG 15 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DIMENSIONAL IMAGING, INC.**
Name of Corporation

DOCUMENT NUMBER: **P03000079813**

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:

Maggie Svensson

Name of Contact Person

MRI MANAGEMENT ASSOCIATES, LLC

Firm/Company

32615 US HWY 19 , Ste 4

Address

Palm Harbor, FL 34684

City/State and Zip Code

mvensson@mri.healthcare

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

For further information concerning this matter, please call:

Maggie Svensson at **727 787-6900**

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

