

P04000132841

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRADIN

8-31-11

~~COVER LETTER~~

TO: Amendment Section
Division of Corporations

SUBJECT: NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000132841

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:

Cynthia Phillips
Name of Contact Person

Firm/Company

3301 USP ALUMNI DR
Address

TAMPA FL 33612
City/State and Zip Code

cphillips@ndimri.com

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

For further information concerning this matter, please call:

Cynthia Phillips at (813) 615-8540
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

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

~~According to the provisions of sections 807.0302, 817.0302, 807.1308, or 817.1308, 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: NEUROMUSCULOSKELETAL IMAGING ASSOCIATES, P.A.
2. The principal office address: 3301, USE ALUMNI DR, TAMPA FL 33612
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/22/2004 Document number: P04000132841
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)

DAVID, BBYER ESQUIRE

101 EAST KENNEDY BOULEVARD SUITE 3400

TAMPA FL 33602 US

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

C T Corporation System

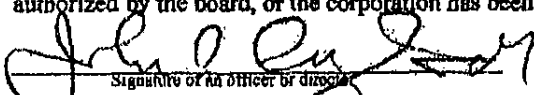
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



John A. Arrington, MD, President

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.

By: Rebecca Barth

Signature of Registered Agent

Date

If signing on behalf of an entity:

Assistant Secretary
Rebecca Barth

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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