## P05 000037843

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## **COVER LETTER**

TÓ:	Amendment Section Division of Corporations			
SUBJI	ECT: Virtual Radiology, Inc.			
Name	of Corporation			
DOCU	MENT NUMBER: PO5000037843			
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:				
	n B. Landry			
Name	of Contact Person			
Virtual	Radiology, Inc.			
Firm/C	ompany			
11431 (	Uromwell Court			
Addres	s	<del></del>		
Dallas,	Texas75229			
City/St	ate and Zip Code			
	mlandry i 14@yahoo.com			
E-mai	address: (to be used for future annu	al report notification)		
For fur	ther information concerning this matter.	please call:		
Mariyn B. Landry 2727 3641-5192				
	Name of Contact Person	at (727 )641-5192 Area Code & Daytime Telephone Number		
Enclose	ed is a \$35.00 check made payable to th	e Department of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation of	.0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Virtual Radiology. In	2.	
	office address: 707 Gulf Blvd. Unit 3		
3. The mailing a	address (if different): 11431 Cromwel	l Court. Dallas, Texas 75229	
4. Date of incorporation/qualification: 3/11/2005			
5. The name and		ed agent and registered office on file with the	
	Dana Roeling		
	17307 Carriage Way		
	Odessa, FL 33556 (resigned)		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Arlene Schauer		
707 Gulf Blvd Unit 3			
	P.O Indian Rocks Beach, Florida 33785	Box NOT acceptable	
The street addre	ess of its registered office and the str be identical.	eet address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopte board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
Maraly	ic of an officer of director	Marilyn B. Landry Secretary  Printed or typed name and title	
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered name	and agree to act in this capacity, cattues relative to the proper and complete performance obligation of my position as registered agent. Or, if this at the registered office address. I hereby confirm that the	
		March 26, 2021	
Signature of Registered Agent		Date	
If signing on bel	half of an entity:		
Arlene Schauer			
Ty	ped or Printed Name	<i>;</i>	

\* \* \* FILING FEE: \$35.00 \* \* \*