P060000244447

(D ₂	aquestor's Name)			
(Requestor's Name)				
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(Ac	idress)			
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(Ci	ty/State/Zip/Phone	∌#)		
PICK-UP	 WAſT	MAIL		
(Business Entity Name)				
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(Document Number)				
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:	1		
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R.A. Change

C. Coulliette JAN 0 3 2006

COVER LETTER

ŢO:	Amendment Section Division of Corporations					
SUBJECT: Mammography Screening Centers, Inc.						
(Name of Corporation)						
DOCUMENT NUMBER: P06000024447						
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:						
	David Freedman					
(Name of Contact Person)						
	Mammography Screening Cent	ters. Inc.				
	(Firm/Co	•				
	1870 Aloma Avenue, Suite 250					
	(Addr	ess)				
	Winter Park, FL 32789					
	(City/State an	d Zip Code)				
For further information concerning this matter, please call:						
David	Freedman	at (407) 616 6787				
•	(Name of Contact Person)	at (407) 616 6787 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:	Street Address:				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	,	Tallahassee, FL 32301				

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ		
in orde	er to change its registered office or regist	ered agent, or both, in the State of	f Florida.
1. The name of	the corporation: Mammogrpahy Scre	eening Centers, Inc.	
2. The principal	office address: 1870 Aloma Avenue	, Suite 250, Winter Park, F	lorida 32789
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2/17/06	Document number: P0600	00024447
	d street address of the current registered a rtment of State:	igent and registered office on file	with the
	Stephen Ralston		
	1660 Grandview Boulevard		
	Kissimmee, Florida 34744		— A.c. 2
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	FIL 2006 DEC 26 SEUTE FARY ALLAHASSE
	David Freedman		
	1870 Aloma Avenue, Suite 250		AM 8
	(P.O. Box NOT acceptable Winter Park, Florida 32789	;)	8: 1 1
	ess of its registered office and the street be identical.		
_	as authorized by resolution duly adopte he board, or the corporation has been no	otified in writing of the change.	an officer so
· · · · · · · · · · · · · · · · · ·	we of an officer or director)	David Freedman, Preside	
I haraby accent	the appointment as registered agent ar to comply with the provisions of all sta nd I am familiar with and accept the ob- ing filed merely to reflect a change in th s been notified in writing of this change	nd agree to get in this canacity	,
Note		12/19/2006 (Date)	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	Typed or Printed Name)		

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