

P06000071510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

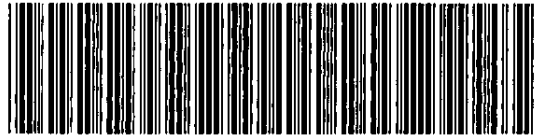
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

20

Office Use Only



400177886504

04/30/10--01026--023 **35.00

Lo chg

FILED

10 APR 30 PM 2:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 04 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI X-RAY CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: P06000071510

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:

John Romano
Name of Contact Person

c/o Miami X-Ray Center, Inc.
Firm/Company

425 71st Street
Address

Miami Beach, Florida 33141
City/State and Zip Code

john_romano@rockelmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Romano at (305) 772-2768
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

**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: Miami X-Ray Center, Inc.
2. The principal office address: 2128 W Flagler Street Suite 201
Miami, FL 33135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-22-06 Document number: P06000071510
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)

John Romano
344 Meridian Ave #2A
Miami Beach, FL 33139

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

John Romano
425 71st Street
P.O. Box NOT acceptable
Miami Beach, Florida 33141

FILED
10 APR 30 PM 2:03
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

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

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.

Signature of Registered Agent

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)