## P07000015969

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PICK-UP WAIT MAIL			
(Business Entity Name)			
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PAChang 12/21/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Central Florida Medical Imaging, P.A.  Name of Corporation				
DOCUMENT NUMBER: P07000015969				
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:				
Julie Kaffenberger Name of Contact Person				
Name of Contact Person				
C/O RBS				
Firm/Company				
2325 Stonebridge Dr.				
Address				
·				
Flint, MI 48532				
City/State and Zip Code				
Julie@radbusiness.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Julie Kaffenberger at ( 810 ) 230-9215				
Julie Kaffenberger     at (810)     230-9215       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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	<sub>f</sub> Florida
1. The name of	the corporation: Central Florida Medical Imaging, P.A. office address: 701 W. Plymouth Ave, Deland, FL 32720	,
3. The mailing a	address (if different): C/O RBS: 2325 Stonebridge Dr., Flint, MI	48532
4. Date of incorp	poration/qualification: 2/5/2007 Document number:	P07000015969
	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)	with the
	Osorio, Alexandra MD	_
	5023 Maple Glen Place	
	Sanford, FL 32771	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	300 -
	Robert H. Pritchard, Rogers Towers, PA	FF S
	1301 Riverplace Boulevard, Suite 1500	
	P.O. Box NOT acceptable  Jacksonville, Florida 32207	المُرْجُ الْمُرْجُ ا
The street addre	ess of its registered office and the street address of the business office o be identical.	f its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by he board, or the emporation has been notified in writing of the change.	an officer so
Signatu	Alexandra Oso Printed or typed name an	rio, MD
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cad I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I he seem notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
1	12-15-10	
•	chalf of an entity:	
T	yped or Printed Name	

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