

P07000015969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

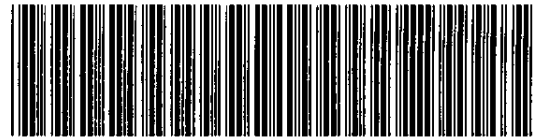
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COVER LETTER

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

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
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

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