## P080000+3378

(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:				
	┚			

Office Use Only



100223084221

RA address Change

02/29/12--01006--026 \*\*35.00



2/2/10

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		•			
SUBJECT:		MD Radiologic Name of Corp	al, Inc.			
DOC	UMENT NUMBER:	P0800	00043378			
The e	nclosed Statement of Chang-	e of Registered Office/A	Agent and fee are submitte	ed for filing.		
Please	e return all correspondence c	oncerning this matter to	the following:			
		Daniel V. Tu Name of Conta	ufariello ct Person			
		Firm/Com	pany	<del></del>		
	3321 Olympic Dr. Apt. # 626					
		Addres	S			
	Naples, FL 34105 City/State and Zip Code					
		mdrays@com	cast.net			
	E-mail addre	ss: (to be used for futi	ire annual report notific	cation)		
For fu	orther information concernin	g this matter, please cal	l:			
	Daniel V. Tufa Name of Contact F	riello Person	at ( <u>941</u> ) Area Code & Daytim	815-1887 te Telephone Number		
Enclo	sed is a \$35.00 check made	payable to the Departmo	ent of State.			
	Division P.O. Box	ent Section of Corporations	Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive	porations		

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State	e of Florida				
	the corporation: MD Radiol	<del>-</del>					
2. The principal office address: 3321 Olympic Drive Apt #626 Naples, Florida 34105							
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	Document number:	P08000043378				
5. The name and		gistered agent and registered office on fi					
	Daniel V. Tufariello		<del></del>				
	1209 San Mateo Dr						
	Punta Gorda, FL 33950		· · · · · · · · · · · · · · · · · · ·				
6. The name and (if changed):	ed office PER 29 PE						
	Daniel V. Tufariello  3321 Olympic Drive Apt	# 626 O. Box NOT acceptable					
	Naples, FL 34105	O, BOX NOT acceptable	1:48				
The street addr		he street address of the business office	of its registered agent,				
Such change wauthorized by t	as authorized by resolution dul he poard, or the corporation has	y adopted by its board of directors or be been notified in writing of the change	oy an officer so e.				
(1/m)	ure of an officer of director	Daniel V. To	ufa <u>riello</u>				
corporation na	the appointment as registered to comply with the provisions of the provision of the pro	agent and agree to act in this capacity of all statutes relative to the proper an of the obligation of my position as regi inge in the registered office address, I s change.	y. d complete performance stered agent. Or, if this hereby confirm that the				
Sig	gnature of Registered Agent	2/25/20 Date	112				
	ehalf of an entity:						
	Evned or Printed Name						

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