

PO8000067480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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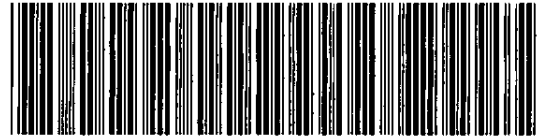
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Mobile Open MRI, Inc
(Name of Corporation)

DOCUMENT NUMBER: PD8000067480

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:

Forrest Wright
(Name of Contact Person)

South Florida Mobile Open MRI, Inc
(Firm/Company)

400 S Federal Hwy Ste 410
(Address)

Baynton Beach, FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

Forrest Wright at (305) 360 3220
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2008

FORREST WRIGHT
SOUTH FLORIDA MOBILE OPEN MRI, INC.
400 S. FEDERAL HWY, STE. 410
BOYTON BEACH, FL 33435-4937

SUBJECT: SOUTH FLORIDA MOBILE OPEN MRI, INC.
Ref. Number: P08000067480

We have received your document for SOUTH FLORIDA MOBILE OPEN MRI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 308A00049693

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 SEP 29 AM 8:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

FORREST WRIGHT
SOUTH FLORIDA MOBILE OPEN MRI, INC.
400 S. FEDERAL HWY STE. 410
BOYNTON BEACH, FL 33435-4937

SUBJECT: SOUTH FLORIDA MOBILE OPEN MRI, INC.
Ref. Number: P08000067480

We have received your document for SOUTH FLORIDA MOBILE OPEN MRI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 408A00046960

**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: South Florida Mobile Open MKI, Inc.
2. The principal office address: 400 S Federal Hwy Ste 410
Baynton Beach, FL 33435
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/16/08 Document number: P08000067480

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Forrest Wright
12461 Colony Preserve Dr
Baynton Beach, FL 33436

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

Ken Whalen
400 S Federal Hwy Ste 410
Baynton Beach, FL 33435
(P.O. Box NOT acceptable)

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]
(Signature of an officer or director)

Forrest Wright / President
(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]
(Signature of Registered Agent)

8/24/08
(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

FILED
2008 SEP 29 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE