

P09000098385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

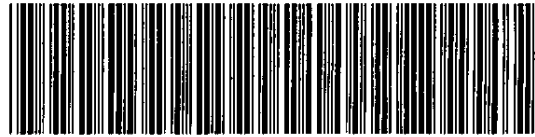
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700180180627

05/12/10--01016--027 \*\*35.00

FILED

2010 MAY 12 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

MAY 17 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Comprehensive Radiology Associates, PA  
Name of Corporation

**DOCUMENT NUMBER:** 709000098385

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:

Jose Pizarro  
Name of Contact Person

Comprehensive Radiology Associates, PA  
Firm/Company

8815 Conroy-Windermere Rd. #244  
Address

Orlando, FL 32835  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jose Pizarro at (407) 694-8132  
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: Comprehensive Radiology Associates, P.A.  
2. The principal office address: 8815 Conroy Windermere Rd. #244  
Orlando, FL. 32835  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 12/7/09 Document number: P0900098385

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)

Pizarro Jose A  
20 W. Kaley St  
Orlando FL 32806

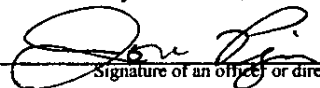
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pizarro Jose A.  
571 Ranger Lane  
P.O. Box NOT acceptable  
Longboat Key, FL. 34228

FILED  
2010 MAY 12 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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

Josa Pizarro  
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

5/7/2010  
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)