

P11000107477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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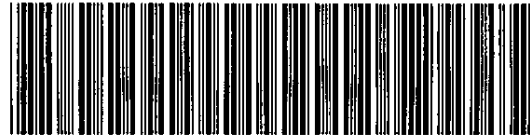
(Business Entity Name)

(Document Number)

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JUN 25 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IN-HOUSE DIAGNOSTIC SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P11000107477

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:

EMMANUEL JOSE

Name of Contact Person

IN-HOUSE DIAGNOSTIC SERVICES, INC

Firm/Company

1489 N MILITARY TRL STE#217

Address

WEST PALM BEACH, FL-33409-6057

City/State and Zip Code

sanu_emm@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Jose

Name of Contact Person

at (561) 7121285

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: IN-HOUSE DIAGNOSTIC SERVICES, INC.
2. The principal office address: 1489 N MILITARY TRL STE# 217
WEST PALM BEACH; FL 33409-6057
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2012 Document number: P11000107477
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)

CROES, IVAR S
16625 SW 1ST STREET
PEMBROKE PINES, FL 33027

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


VIROJA, RITA
9542 SHEPARD PL.
P.O. Box NOT acceptable
WELLINGTON, FL 33414

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.

 EMMANUEL JOSE (VICE-PRESIDENT)
Signature of an officer or director 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.

 06/05/2014
Signature of Registered Agent Date

If signing on behalf of an entity:

RITA VIROJA
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 (03/12)

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TALLAHASSEE, FLORIDA