

P18000076308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

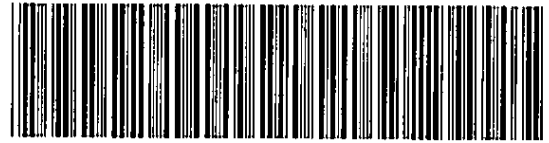
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700366905467

08/24/21--01339--004 \*\*35.00

FILED

2021 AUG -2 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 11 2021

C Kinsey



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2021

TERESA GONZALEZ  
8000 W FLAGLER ST SUITE 102  
MIAMI, FL 33144 US

SUBJECT: FLAGLER MRI DIAGNOSTIC, INC  
Ref. Number: P18000076308

We have received your document for FLAGLER MRI DIAGNOSTIC, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6052.

Jalesa S Dennis  
Regulatory Specialist II

Letter Number: 121A00015785

2021 JUL -2 PM 4:03

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Flagler MRI Diagnostic, Inc.  
DOCUMENT NUMBER: P18000076308

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Gonzalez  
Name of Contact Person  
Flagler MRI Diagnostic, Inc.  
Firm/ Company  
8000 W Flagler Street Suite 102  
Address  
Miami, Florida 33144  
City/ State and Zip Code  
flaglermri@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Gonzalez at ( 786 ) 663-0245  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee<br><i>Paid</i> | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Flagler MRI Diagnostic, Inc.

918000076308

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT        John Doe

X Remove                     V        Mike Jones

X Add                         SV        Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1)      Change

T

Raymond Gonzalez

7945 SW 19 St Miami, FL 33155

     Add

☒ Remove

2)      Change

     Add

     Remove

3)      Change

     Add

     Remove

4)      Change

     Add

     Remove

5)      Change

     Add

     Remove

6)      Change

     Add

     Remove

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 7/22/2021  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated 7/22/2021

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Teresa Gonzalez  
(Typed or printed name of person signing)

President  
(Title of person signing)