

**P 37998**

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**REGISTERED AGENT CHANGE  
 MEDICUS DIAGNOSTIC CENTERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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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 Georgia \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MEDICUS DIAGNOSTIC CENTERS, INC
2. The principal office address: 4770 Biscayne Boulevard, Suite 400, Miami, Florida 33127
3. The mailing address (if different): PO Box 196, Apopka, Florida 32704
4. Date of incorporation/qualification: 3/20/92 Document number: P37998
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)

MAYBERRY, LESLIE A

2188 SPRINT BLVD

APOPKA, FLORIDA 32703

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

MAYBERRY, LESLIE A

336 Alexandria Place Drive

P.O. Box NOT acceptable

**Apopka, Florida 32712**

DEPARTMENT OF STATE  
TALLAHASSEE, FL.

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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.

James A. Mackenzie  
Signature of an officer or director

**Leslie A. Mayberry**

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.

Frederick Mayberry  
Signature of Registered Agent

11/20/2024

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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 (04/13)