

P93000062394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

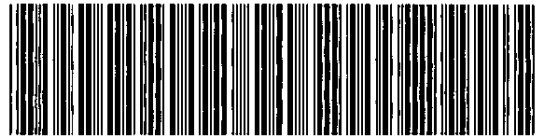
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200159306782

08/27/09--01013--017 \*\*35.00

FILED

2009 AUG 27 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-28-09

PA  
C. [Signature]  
[Signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cancer Diagnostic Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P93000062394

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:

Sara N. Llerena, M.D.  
Name of Contact Person

Cancer Diagnostic Services, Inc.  
Firm/Company

1451 SW 1 Street Suite 4A  
Address

Miami, FL 33135  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sara N. Llerena, M.D. at ( 305 ) 979-8371  
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: Cancer Diagnostic Services, Inc.
2. The principal office address: 1451 SW 1 Street Suite 4A  
Miami, FL 33135
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1993 Document number: P93000062394

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)

Carmen Luis-Steeegers, Resigned

1451 SW 1 Street Suite 4A

Miami, FL 33135

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

Sara N. Llerena, M.D.

1451 SW 1 Street Suite 4A

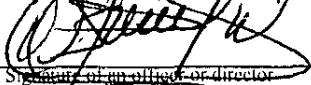
P.O. Box NOT acceptable

Miami, FL 33135

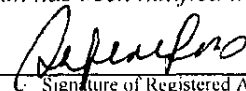
FILED  
2009 AUG 27 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

 8/19/09 Carmen Luis-Steeegers, Resigned  
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.

 08/19/2009  
Signature of Registered Agent Date

If signing on behalf of an entity:

SARA N. LLERENA  
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