

P940000024364

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Diagnostic Association, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P94000024364

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:

Eduardo Anton

Name of Contact Person

Eduardo Anton, Attorney at Law

Firm/Company

1385 Coral Way, Suite 406

Address

Miami, Florida 33145

City/State and Zip Code

Eantonlaw1@aol.com

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

For further information concerning this matter, please call:

Eduardo Anton

Name of Contact Person

at ( 305 ) 856-1233

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

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

- CARIDAD A. LOPEZ

**Miami, Florida 33125**

- CARIDAD A. LOPEZ

P.O. Box NOT acceptable

MIAMI, FLORIDA 33145

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.

Caridad A. Lopez

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Printed or typed name and title

June 21, 2012

Date \_\_\_\_\_

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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