P9400004364

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DIVISION OF CORPORE IN 27 PM 1: 27

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Medical Diagnostic Association, Inc.

Name of Corporation

OCUMENT 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

,305

856-1233

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

7 . . .

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: MEDICAL DIAGNOSTIC ASSOCIATION, INC. 2. The principal office address: 1330 Coral Way, Suite 208, Miami, Florida 33145	
2. The principal office address: 1930 Corar vvay, Suite 200, Milanii, Florida 33143	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/30/1994 Document number: P94000024364	
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)	
CARIDAD A. LOPEZ	
42 N.W. 27th Avenue, Suite 313	
Miami, Florida 33125	
Miami, Florida 33125 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CARIDAD A. LOPEZ 1330 CORAL WAY, SUITE 208 P.O. Box NOT acceptable	A CAN
CARIDAD A. LOPEZ	100
1330 CORAL WAY, SUITE 208	
P.O. Box NOT acceptable MIAMI, FLORIDA 33145	W B
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 estange 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.	
Whided In Tayle Caridad A. Lopez	
Signature of an officer or director 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.	
Signature of Registered Agent June 21, 2012 Date	
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 (03/12)