

P94000070301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Regional Medical Imaging, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P94000070301

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Drew MASLOWE  
(Name of Person)

Regional Medical Imaging, INC  
(Name of Firm/Company)

7475 N.W. 4TH Street  
(Address)

FORT LAUDERDALE, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

Drew MASLOWE at ( 954 ) 792-2236  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**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: REGIONAL MEDICAL IMAGING, INC  
2. The principal office address: 7475 NW 4th Street  
Fort Lauderdale, FL 33317  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/23/94 Document number: P94006070801

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES D'AGOSTINO  
2200 SW 131 Terrace  
DAVE FL 33325

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TALLAHASSEE, FLORIDA

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

DREW MASLOWE  
2173 SW 132 way  
(P.O. Box NOT acceptable)  
DAVE, FL 33325

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.

*Drew Maslowe*  
(Signature of an officer or director)

DREW MASLOWE Pres  
(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.*

*Drew Maslowe*  
(Signature of Registered Agent)

6/29/06  
(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 (8/05)