

P95000023879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

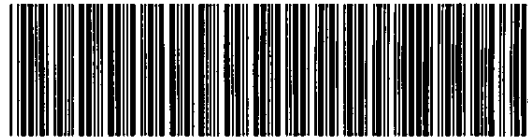
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ra address change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIAGNOSTIC CLINIC MEDICAL GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: F97000006541 095000023879

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:

Marie Hauer
Name of Contact Person
CT Corporation
Firm/Company
111 8th Ave, 13th Floor
Address
New York, NY 10011
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marie Hauer at (212) 894-8504
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



October 21, 2014

Department of State
Att: Brenda Tadlock
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR DIAGNOSTIC CLINIC MEDICAL GROUP, INC.

Dear Ms. Tadlock,

NRAI Services, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: 515 E. Park Avenue, Tallahassee, FL 32301 to:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

Enclosed is our check for \$35.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services
111 8th Avenue, 13th Floor
New York, NY 10011
marie.hauer@wolterskluwer.com

National Registered Agents, Inc.

1660 Walt Whitman Road Suite 140 Melville, NY 11747
Internet Address: kfritz@nrai.com

Telephone: (631) 752-9100

Fax: (631) 752-9200

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

1. The name of the corporation: DIAGNOSTIC CLINIC MEDICAL GROUP, INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/24/1995 Document number: P95000023879

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)

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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

1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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.

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.

Kathleen Fritz
Signature of Registered Agent

10/15/2014
Date

If signing on behalf of an entity:

Kathleen Fritz
Typed or Printed Name

*** FILING FEE: \$35.00 ***