

P95 0000 23879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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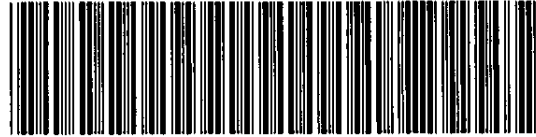
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Diagnostic Clinic Medical Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P95000023879

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:

Thomas J. Maida  
Name of Contact Person

Foley & Lardner, LLP  
Firm/Company

106 E. College Ave, Suite 900  
Address

Tallahassee, FL 32301  
City/State and Zip Code

tmaida@foley.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Maida at ( 850 ) 222-6100  
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: Diagnostic Clinic Medical Group, Inc.

2. The principal office address: 1301 2nd Avenue SW  
Largo, FL 33770

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.  
1200 South Pine Island Road  
Plantation, FL 33324

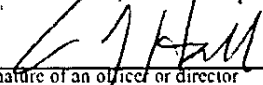
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Deirdre MacCarthy  
4800 Deerwood Campus Parkway, 100-7  
P.O. Box NOT acceptable  
Jacksonville, FL 32246

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

Allen Hall Esq., Sec  
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.

  
Signature of Registered Agent

11/27/16  
Date

If signing on behalf of an entity:

Dmg  
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