

P95000038687

(Requestor's Name)

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(Business Entity Name)

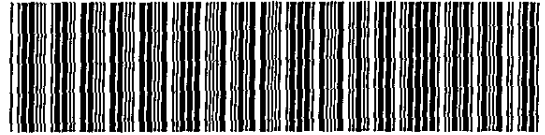
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 30, 2003

STEVEN ROBERT KOZLOWSKI, ESQ.
927 LINCOLN RD #208
MIAMI BEACH, FL 33139

SUBJECT: GABLES DIAGNOSTIC IMAGING ASSOCIATES, INC.
Ref. Number: P95000038687

We have received your document for GABLES DIAGNOSTIC IMAGING ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 303A00053834

RECEIVED
03 OCT 13 AM 8:50
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gables Diagnostic Imaging Associates, Inc.
(Name of corporation)

DOCUMENT NUMBER: P95000038687

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:

Steven Robert Kozlowski, Esq.

(Name of person)

Kozlowski Law Firm, P.A.

(Name of firm/company)

927 Lincoln Road, #208

(Address)

Miami Beach, FL 33139

(City/state and zip code)

For further information concerning this matter, please call:

Steven Robert Kozlowski, Esq. at (305) 673-8988

(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.9502, 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: Gables Diagnostic Imaging Associates, Inc.
2. The principal office address: 495 Biltmore Way
Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/6/95 Document number: P95000038687
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William J. Spratt, Esq.

201 S. Biscayne Blvd., # 2000

Miami, FL 33131

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

Steven Robert Kozlowski, Esq.

927 Lincoln Rd. #208

(P.O. Box or personal mailbox NOT acceptable)

Miami Beach, FL 33139

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]
(Signature of an officer, chairman or vice chairman of the board)

Victor Soto, M.D., President
(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]
(Signature of Registered Agent)

10/07/95
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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