Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

ذذ AUG -9

## REGISTERED AGENT CHANGE VIRTUAL IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Whelpaling

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t tage is submitted for a corporation organized under the luws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	his	_	
1. The name of t	the corporation: VIRTUAL IMAGING, INC.			
2. The principal	office address: 720 S. Powerline Rd. Ste. E			
	1b FI 22442			
	address (if different):			
4. Date of incorp	poration/qualification: 6/12/1995 Document number: P950000045011			
	I street address of the current registered agent and registered office on file with the timent of State:		11 AUG	
	E.H.G. Resident Agents, Inc.	in-i		7
	5100 Town Center Circle, Suite 430		-9 1	
	Boca Raton, F.L 33486	型数型	:6 HV	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		: 55	
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addresses changed will	ess of its registered office and the street address of the business office of its register be identical.	red age	nt,	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	0		
An	Christopher Duca, President		_	
I hereby accept if further agree to further agree to further agree to further agree to further to be incorporation has Corporation By:	the appointment as registered agent and agree to act in this capacity, the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per d l and familiar with and accept the obligation of my position as registered agent, not filed merely to reflect a change in the registered diffice address. Thereby confirm the notified in writing of this change.  Service Company (Date)	rformai Or, if t n that t	nce his he	
·	y, Assistant Vice President yped or Printed Name)		•	
(1)	then or common common			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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