

P95 600050570

Florida Department of State
Division of Corporations
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To: Division of Corporations
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REGISTERED AGENT CHANGE/ REINSTATEMENT IMAGING DIAGNOSTIC SYSTEMS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

C T SENT \$600.00 CHECK OVER TO COMPLETE THIS FILING
BECAUSE RA CHANGE SHOULD NOT HAVE BEEN FILED
WITHOUT THE REINSTATEMENT FEE

SEE 600267285216 DCC 12/29/2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMAGING DIAGNOSTIC SYSTEMS, INC.
Name of Corporation

DOCUMENT NUMBER: P95000050570

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:

David Fong

Name of Contact Person

IMAGING DIAGNOSTIC SYSTEMS, INC.

Firm/Company

1291-B NW 65TH PLACE

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

dfong@imds.com

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

For further information concerning this matter, please call:

David Fong

321

274-3281

Name of Contact Person

at (

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: IMAGING DIAGNOSTIC SYSTEMS, INC.
2. The principal office address: 1291-B NW 65TH PLACE FORT LAUDERDALE, FL 33309
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/28/1995 Document number: P95000050570

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)

RESIGNED

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Richard J. Grable II

Richard J. Grable II, 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.

By: Nicole Chounard
C T Corporation System
Signature of Registered Agent

12/16/2015

Date

If signing on behalf of an entity:

NICOLE CHOUNARD

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 (03/12)