

P97000016879

Requestor's Name
2745 Swamp Cabbage Ct
Address
H. Myers H 33901
City/State/Zip Phone #

400002609874--5
-08/06/98--01084--006
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

8-7-98

Charter No. P97000016879

Date Filed 2/21/97

STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Highlands Diagnostic Imaging Center, Inc.

2. The name and address of its present registered agent is:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

3. The name and street address to which its registered agent is to be changed is:

(P.O. BOX NOT ACCEPTABLE)

Elizabeth P. Kagan

2745 Swamp Cabbage Court, Suite 305

Fort Myers, FL 33901

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Elizabeth P. Kagan, President

(Typed or printed name and title)

Signature

Elizabeth P. Kagan

(President or Vice President)

Date

8/3/98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Elizabeth P. Kagan

Signature

Elizabeth P. Kagan

(Agent)

Date

8/3/98

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

FILING FEE \$35