

P97000P34169

Requestor's Name

DYNAMIC IMAGING CENTRAL FLORIDA, INC.  
5401 S. KIRKMAN ROAD  
SUITE 502  
ORLANDO, FL 32819

Use Only

SUBJECT: DYNAMIC IMAGING CENTRAL FLORIDA, INC.  
Ref. Number: P97000034169

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 APR 22 PM 1:39

APPROVED  
AND  
FILED

- ☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status  
P97000034169  
04/22/98--01015--022  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

WE ARE CHG  
4-22-98  
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P97000034169

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DynamicImaging Central Florida, Inc.
2. The mailing address of the corporation is: 5401 S. Kirkman Rd., Suite 502, Orlando, FL 32819
3. Date of incorporation/qualification: 4-15-97 Document number: P97000043169
4. The name and address of the current registered agent and office:

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Terri L. Wilkinson

5401 S. Kirkman Rd. Suite 502

Orlando, FL 32819

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TALLAHASSEE, FLORIDA

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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.

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

4-20-98  
(Date)

Lee D. Effenson, President

(Printed or typed name and title)

4-20-98

(Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

  
(Signature of Registered Agent)

4-20-98  
(Date)

If signing on behalf of an entity:

Terri L. Wilkinson, Regional Manager

(Typed or Printed Name)

(Capacity)

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