P97000089298

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dualifess Littly Natifie)		
(Document Number)		
Certified Copies Certificates of Status		
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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOG	CUMENT NUMBER(S), (if known):
(Corporation Name)	OSTIC CENTER INC (Document #)
. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: X-PERT DIAGNOSTIC CENTER INC	
2. The principal	office address: 1257 W 44 PLACE, HIALEAH, FLORIDA 33012	
z. The principal (office address	ı
3. The mailing ac	address (if different):	
4. Date of incorp	poration/qualification: 10/16/97 Document number: P97000089298	
	d street address of the current registered agent and registered office on file with the rtment of State;	
	RENE NARANJO	
	1257 W 44 PLACE	<i>2.</i>
	HIALEAH, FLORIDA 33012	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	FILED R
	ISABEL NARANJO	4
	1257 W 44 PLACE	圣
,	(P.O. Box NOT acceptable)	よるこ
	HIEALEH, FLORIDA 33012	
	ess of its registered office and the street address of the business office of its registered be identical.	agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	(Finited of typed name and thie)	sident
I hereby accept to a further agree to of my duties, and document is beir corporation has	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 perfor ad I am familiar with and accept the obligation of my position as registered agent. Or ing filed merely to reflect a change in the registered office address, I hereby confirm to s been notified in writing of this change.	rmance ; if this hat the
* Sox	Constitute of Registered Agent) (Pate)	— ,
If signing on bel	chalf of an entity: DAVID ANDR Commission + DDV Expires 0/0/20	0207520
(T)	Typed or Printed Name) [600-432-4254] Florida Notary Acts	gh sn., Inc.
	* * * FILING FEE: \$35.00 * * *	

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