# P9800018156

•						
(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	ИAIL					
(Business Entity Name)						
(Document Number)						
(Boodinon Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	1					
	Ì					
_	1					
<del> </del>						

Office Use Only



000134652810

08/25/08--01032--003 \*\*35.00



15. ET



# REID

### &

# ZOBEL, P.A.

#### ATTORNEYS

JUSTUS W. REID\* jreid@reidzobel.com

esperanté building, suite 1160 222 Lakeview avenue West Palm Beach, fl 33401-5010 CRAIG R. ZOBEL\*\*
czobel@reidzobel.com

REPLY TO:
Post Office Drawer 2926
West Palm Beach, FL 33402-2926

TRICIA J. DUTHIERS tduthiers@reidzobel.com

TELEPHONE (561) 659-7700 (800) 799-9529 FACSIMILE (561) 659-6377

TIMOTHY P. LEWIS tlewis@reidzobel.com

www.reidzobel.com
\*Board Certified Civil Trial Lawyer
\*\*Admitted FL, TX, IL, MO

August 21, 2008

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Name of Corporation

Document Number

Medical Diagnostic Imaging of Jupiter, Inc.

P98000018156

Our File Number

8490

Dear Sir or Madam:

Enclosed is the completed Statement of Change of Registered Office or Registered Agent or Both For Corporations. This form is being filed to add the new Registered Agent as specified below:

Justus W. Reid/Reid & Zobel, P.A. Esperante Building 222 Lakeview Avenue, Suite 1160 West Palm Beach, Florida 33401

Also enclosed is this firm's check made payable to the Florida Department of State in the amount of \$35.00, which represents the filing fee and a self-addressed stamped envelope for the return of filing confirmation from your office.

If you require any additional information, or have any questions concerning this matter, please do not hesitate to contact me.

Very truly yours,

Tricia J. Duthiers

TJD/sh Enclosures cc: client

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

statement of cha	nge is submitted	ctions 607.0502, 617.0. I for a corporation orgo egistered office or regi	anized under the l	aws of the State of	<u>Florida</u>	
1. The name of t	the corporation:	Medical Diag	nostic Ima	iging of Ji	piter, I	nc.
2. The principal	office address:_	1290 Bimini	Lane, Sing	ger Island,	, Florida	33404
3. The mailing a 33404	ddress (if differe	ent): <u>1290 Bimir</u>	ni Lane, Si	inger Islan	nd, Florio	da
4. Date of incorp	ooration/qualific	ation: 2/24/1998	Documen	t number: P980	000018156	
	d street address of the street address of the street of State:	of the current registered	agent and registe	red office on file v	with the	
	None.					
					,	
					_	
6. The name and (if changed):	l street address o	of the new registered ag	gent (if changed) a	nd /or registered o	office	- <b>3</b>
	Justus W	. Reid/ Reid	& Zobel, P.	Α.		A
	Esperant	e Building			35.55 X-14.14	25
	222 Lake West Pal	(P.O. Box NOT acceptal view Avenue, m Beach, Flor	Suite 1160 Sida 3340	) 1 ·		의 R 의 기
The street address changed will	ess of its registe be identical.	red office and the stre	et address of the	business office of	its registered a	gent,
Such change wa authorized by th	as authorized by ne board, or the	resolution duly adop corporation has been	ted by its board o notified in writin	of directors or by a g of the change.	an officer so	
Mik	e 144	kun		l Hoffman,		
• ,	the appointment to comply with a did	nt as registered agent the provisions of all st with and accept the o to reflect a change in n writing of this chang	•	Printed or typed name ar in this capacity. the proper and co osition as registe fice address, I her	•	nance if this at the
(	).		8	-6-08		
(Si)	nature of Registered	Agent)		(Date)		
If signing on be	chalf of an entity	y:				
Justus W				•		,
(1	Typed or Printed Nam		FFT. 635 00 + 4	*		,
		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 (8/05)