

P99 000007801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

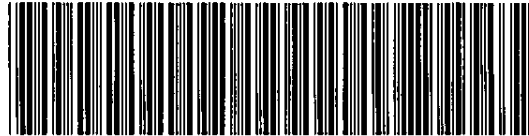
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**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: Diagnostic Image of America, Inc
- 2. The principal office address: 8000 W Flagler St # 101 - Miami, FL 33144
- 3. The mailing address (if different): 791 Crandon Blvd # 124 - Key Biscayne, FL 33149
- 4. Date of incorporation/qualification: 1/26/1999 Document number: P99000007801
- 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)

Yvette Almeida  
8000 W Flagler St # 101  
Miami, FL 33144

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

Graciela Pozo, MD  
791 Crandon Blvd # 1204  
P.O. Box NOT acceptable  
Key Biscayne, FL 33149

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AND  
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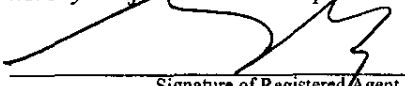
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

Graciela Pozo, MD  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

1/6/15  
Date

If signing on behalf of an entity:  
Graciela Pozo, MD  
Typed or Printed Name

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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Diagnostic Image of America, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P99000007801

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:

Graciela Pozo  
Name of Contact Person

Diagnostic Image of America  
Firm/Company

791 Crandon Blvd # 124  
Address

Key Biscayne, FL 33149  
City/State and Zip Code

pozog@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graciela Pozo at ( 305 ) 206-6333  
Name of Contact Person 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