

P99000022400

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

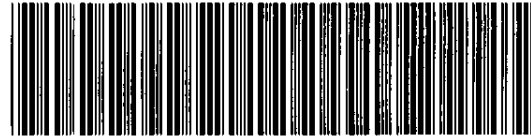
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600207563386

05/16/11--01045--028 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 16 AM 8:32

RALPH  
@ 5/20/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Homestead Diagnostic Center  
Name of Corporation

DOCUMENT NUMBER: 899000022400

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:

NAYIBE MORRABAL  
Name of Contact Person

Homestead Diagnostic Center  
Firm/Company

387 S. Homestead Blvd  
Address

Homestead FL 33030  
City/State and Zip Code

INFO@Homestead-DIAGNOSTIC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAYIBE MORRABAL at ( 305 ) 246-5606  
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

**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: Homestead Diagnostic Center, Inc.
2. The principal office address: 387 S. Homestead Blvd  
Homestead FL 33030
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1999 Document number: P99000022400
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)

TOMAS GONZALEZ  
387 S. Homestead Blvd  
Homestead FL 33030

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

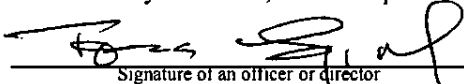
NAYIBE MORRABAL  
387 S. Homestead Blvd  
Homestead FL 33030

P.O. Box NOT acceptable

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 16 AM 8:32

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

TOMAS GONZALEZ  
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

5/5/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* 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)