

P180000 66306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

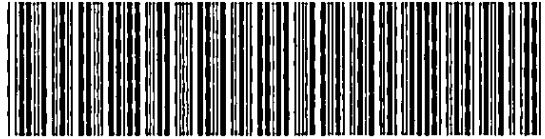
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL - 1 2019

C Kinse,

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Optimum Medical Imaging Services Inc.

Name of Corporation

DOCUMENT NUMBER: P18000066306

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:

CORI ANN CROTHWAITE

Name of Contact Person

PARASEC

Firm/Company

2804 GATEWAY OAKS DR #100

Address

SACRAMENTO, CA, 95833

City/State and Zip Code

RLOPS@PARASEC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORI ANN CROTHWAITE

Name of Contact Person

at (800) 8548534

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: OPTIMUM MEDICAL IMAGING SERVICES INC.
2. The principal office address: 263 OYSTER BAY RD MILL NECK, NY 11765

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/01/2018 Document number: P18000066306

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)

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD STE 400

FORT MYERS FL 33907

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

ROCKET LAWYER CORPORATE SERVICES LLC

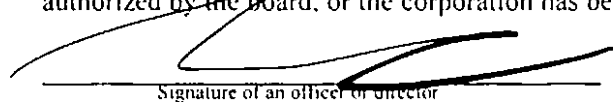
155 OFFICE PLAZA DRIVE, 1ST FLOOR

P.O. Box NOT acceptable

TALLAHASSEE FL 32301

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

Donald Tiedemann, President

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

03/27/2019

Date

If signing on behalf of an entity:

ROCKET LAWYER CORPORATE SERVICES LLC

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 (03/12)

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