

F14 00000000 2558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

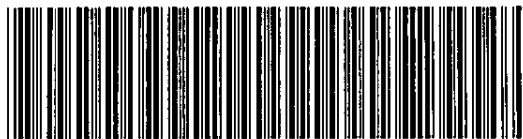
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400284558514

04/18/16--01034--016 \*\*35.00

*R/ACmg*

APR 19 2016

TO WRITE

FILED  
16 APR 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sperling Radiology P.C. P.A.  
Name of Corporation

**DOCUMENT NUMBER:** F14000002558

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:

Sam Farbstein  
Name of Contact Person

Sperling Radiology P.C. P.A.  
Firm/Company

22461 Arcadia Ct  
Address

Boca Raton, FL 33433  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sam Farbstein at ( 201 ) 693-3125  
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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sperling Radiology P.C. P.A.
2. The principal office address: 20283 State Rd 7 Suite 301 Boca Raton, FL 33498
3. The mailing address (if different): 22461 Arcadia Ct Boca Raton. FL 33433
4. Date of incorporation/qualification: 2014 Document number: F14000002558
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)

VCORP Services LLC  
7200 W. Camino Real Suite 303  
Boca Raton, FL 33432

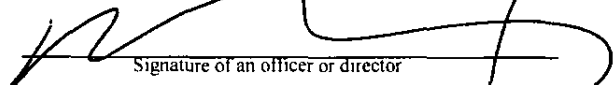
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sperling Radiology P.C. P.A.  
22461 Arcadia Ct  
P.O. Box NOT acceptable  
Boca Raton, FL 33433

FILED  
16 APR 18 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

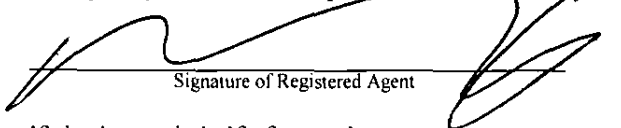
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Dan Sperling M.D.  
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

4/15/2016  
Date

If signing on behalf of an entity:  
  
\_\_\_\_\_  
Typed or Printed Name

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