

213000091859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

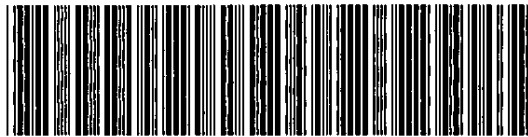
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 17 2015  
J. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Radiology Express, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elenis Hayes  
Name of Person

Radiology Express LLC.  
Firm/Company

6621 NE 21st Ave.  
Address

Fort Lauderdale, FL 33308  
City/State and Zip Code

RNH13@COMCAST.NET.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kanya Colak at (954) 632-2641  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u>          | <u>Name</u>  | <u>Address</u>                                | <u>Type of Action</u>                   |
|-----------------------|--------------|---|---|
| MGR<br><del>MRS</del> | Elenis Hayes | 6621 NE 21st Ave<br>Fort Lauderdale, FL 33308 | <input checked="" type="checkbox"/> Add |
|                       |              |   | <input type="checkbox"/> Remove         |
|                       |              |   | <input type="checkbox"/> Change         |
|                       |              |   | <input type="checkbox"/> Add            |
|                       |              |   | <input type="checkbox"/> Remove         |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 07-13-2015 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 13, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KAYA COLAK M.D.  
\_\_\_\_\_  
Typed or printed name of signee