## 2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000080457

Entity Name: HATCH RADIOLOGY, LLC

**Current Principal Place of Business:** 

1405 N. HALIFAX AVE

DAYTONA BEACH, FL 32118

**Current Mailing Address:** 

PO BOX 1776

ORMOND BEACH, FL 32175

FEI Number: 47-3961184 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATCH, PARLYN D 1405 N. HALIFAX AVE DAYTONA BEACH, FL 32118 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PARLYN D. HATCH, MD 10/18/2018

Electronic Signature of Registered Agent

Date

**FILED** Oct 18, 2018

**Secretary of State** 

CR5679036579

Authorized Person(s) Detail:

Title **OWNER** 

Name HATCH, PARLYN D DR. Address 1405 N. HALIFAX AVE

City-State-Zip: DAYTONA BEACH FL 32118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail