528644

(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



900441183639

SECRETARY SEEDFATES PHIS: 117



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/18/24 Order #: 1717954-1

Re: RADIOLOGY REGIONAL CENTER, P.A.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 DEC 19 PM 2: 29
SECRETARY OF STATE
SECRETARY OF STATE

Millera.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL registered agent, or both, in the State of Florida.	-
1. The name of t	he corporation: RADIOLOGY REGI	IONAL CENTER, P.A.	
2. The principal FT MYERS, FL	office address: 3660 BROADWAY		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 05/01/1977	Document number: 528648	
5. The name and		cred agent and registered office on file with the	
	knific, randolph		
3660 BROADWAY			
	FT MYERS	FL 33901	
6. The name and (if changed):	Č	d agent (if changed) and /or registered office TALLAH SCRETAINY OFF OFF OFF OFF OFF OFF OFF O	2024 DEC
	Corporation Service Company		19
	1201 Hays Street	y o	7
	Tallahassee	FL 32301	57.72
The street addre	ss of its registered office and the s be identical.	street address of the business office of its registered ager	ì
Such change wa authorized by th	is authorized by resolution duly ad ie board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
/s/ Randolph Knitic		Randolph Knific, President	_
I hereby accept I further agree t of my duties, an document is beil corporation has	o comply with the provisions of ald I am familiar with and accept thing filed merely to reflect a change been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performan e obligation of my position as registered agent. Or, if to in the registered office address, I hereby confirm that t ange.	- ice his he
Corporation Service Company By: /s/ Grace E. Kirby		12/05/2024	
	nature of Registered Agent	Date	-
If signing on be	half of an entity:		
	Asst Vice President ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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