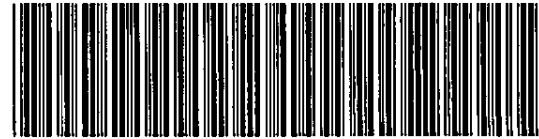


600539



200292136812

11/28/16--01037--001 **35.00

(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

211 333
16 NOV 28 AM 11:53
SECURITY
FALL 2016

Machg
DEC 01 2016
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pasadena Radiology Associates, P.A.
Name of Corporation

DOCUMENT NUMBER: 600539

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:

Evan G.Frayman, Esq.
Name of Contact Person

The Law Office of Robert Eckard & Associates, P.A.
Firm/Company

3110 Alternate US 19 North
Address

Palm Harbbr, FL 34683
City/State and Zip Code

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

For further information concerning this matter, please call:

Evan Frayman at (727) 772-1941
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pasadena Radiology Associates, P.A.
2. The principal office address: 3110 Alternate US 19 North, Palm Harbor, FL 34683
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/31/1968 Document number: 600539

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)

Evan G. Frayman
Harper, Kynes, Geller, Greenleaf & Frayman P.A.
1253 Park Street, Suite 200, Clearwater, FL 33756

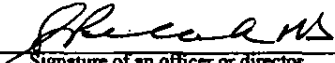
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Evan G. Frayman
3110 Alternate 19 North
P.O. Box NOT acceptable
Palm Harbor, FL 34683

16 NOV 28 AM 11:52
RECEIVED
TALLAHASSEE, FL
FILING

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

Dr. Ronnie S. Pollack,
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

11/21/16
Date

If signing on behalf of an entity:
Pasadena Radiology Associates, P.A.
Typed or Printed Name

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