Florida Department of State Division of Corporations Electronia history Cover

print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003990193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone : (407)244-5690 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
EWGIT	AUGITESS:			 	

REGISTERED AGENT CHANGE

NEURO SKELETAL IMAGING INSTITUTE OF WINTER PARK, LT

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

1711 773

X

X

Filing Fee:

Certifled Copy (optional): \$52.50

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Neuro Skeletal Im	laging Institute o	f Winter Park, Ltd., 1	L.L.L.P	•		
Name of L	imited Partnership or Lin	nited Liability Limited Partners	ship		_	
2. January 31, 2003	3 A03000000156					
Date of filing/registra	Florida document number					
4. The name of the registered Department of State:	agent and the registered	office address as shown on the	records of	the Flori	da	
John	R. Kancilia					
 -	Name 1795 West NASA Boulevard					
1795						
	Addr	ess		2021		
Mell	1		ON C	•		
	City, State	and Zip		8 I AON 0202	-	
5. The name and Florida street address of the new registered agent and/or office:					•	
Marc			AH 8:	ر د .		
	Name					
2111	Glenwood Drive	e, Suite 101		52		
	Florida street address (P.O. Box not acceptable)					
Wint	er Park	_{FL} 32792				
	City, State					
6. Such change(s) is/are effect Excellence in MRI, P.A By: Signature of General Partner	<u></u>					
I hereby accept the appointment comply with the provisions of and I am familiar with an acceptance of Registered Agent	ill statutes relative to the pt the obligations of my p	proper and complete performa	l further aş mce of my c	zree to duties,		

\$35.00