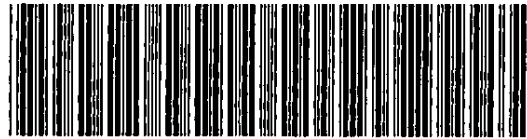


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Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Beach Radiology Associates, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: 011000000356

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

adam S Gropper
Contact Person
North Beach Radiology Associates, LLP
Firm/Company
15400 Biscayne Blvd Suite 103
Address
aventura FL 33160
City, State and Zip Code
accounting@northbeachvascular.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katyn Fagundo at (305) 957-7277
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. North Beach Radiology Associates, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/05/2011
Date of filing/registration in Florida

3. 011000000356
Florida document number

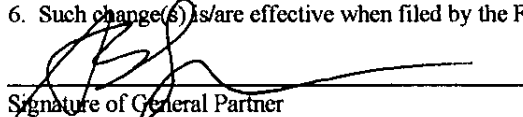
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mitchell F Green
Name
4000 Hollywood Blvd Ste 485 South
Address
Hollywood, FL 33021
City, State and Zip

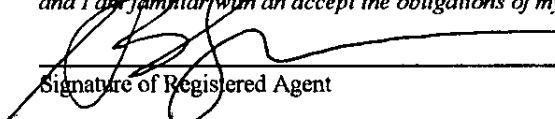
5. The name and Florida street address of the new registered agent and/or office:

adam S gropper
Name
15400 Biscayne Blvd Suite 103
Florida street address (P.O. Box not acceptable)
Aventura FL 33160
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA