

A20060000655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

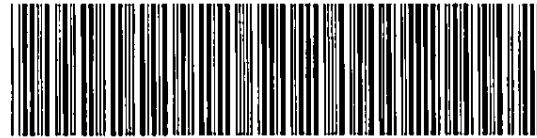
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TALLAHASSEE, FLORIDA

R. HUNT  
12/18/23

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 170093 8183052  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : December 5, 2023  
ORDER TIME : 9:33 AM  
ORDER NO. : 170093-202  
CUSTOMER NO: 8183052

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CHANGE OF AGENT

NAME: UNIFIED MAMMOGRAPHY SERVICES,  
LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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. UNIFIED MAMMOGRAPHY SERVICES, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/17/2020 Date of filing/registration in Florida

3. A20000000655 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:

REGISTERED AGENT SOLUTIONS, INC.  
Name

2894 REMINGTON GREEN LANE SUITE A  
Address

TALLAHASSEE, FL 32308  
City, State and Zip

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

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

Jill E. Cilmi Signature of General Partner  
Jill Cilmi, Vice President on behalf of  
UNIFIED PHYSICIAN MANAGEMENT GP, LLC  
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.*

Grace E. Kirby Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President

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

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