

A20000000655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

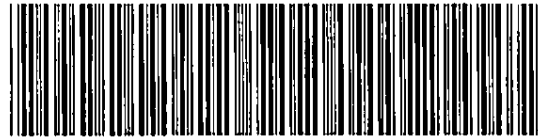
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TALLAHASSEE, FLORIDA

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 :   
COST LIMIT : \$ 35.00

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

CHANGE OF AGENT

NAME: UNIFIED MAMMOGRAPHY SERVICES,  
LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Eyliena Baker -- EXT#

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

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

2. 12/17/2020 3. A20000000655  
Date of filing/registration in Florida 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 Jill Cilmi, Vice President on behalf of  
Signature of General Partner 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 Grace E. Kirby, Asst. Vice President  
Signature of Registered Agent

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

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