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TALLAHASSEE, FLORIDA

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August 5, 2004

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Heritage Radiology Associates, Inc.

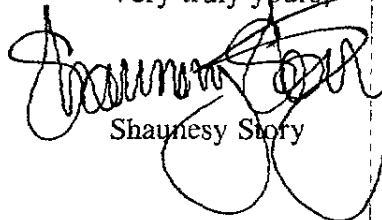
Dear Sir or Madam:

Please find enclosed the Statement of Change of Registered Agent and Annual Report and fees for the above referenced entity are submitted for filing.

If you have any questions regarding the enclosed please do not hesitate to contact our office.

With kind regards, I am

Very truly yours,



Shaunesy Story

STS:s
Enclosures

(919)
932 3744

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERITAGE RADIOLOGY ASSOCIATES, INC.

(Name of corporation)

DOCUMENT NUMBER:

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:

BRIAN R. BROWN

(Name of contact person)

NELSON MULLINS RILEY & SCARBOROUGH, LLP

(Firm/Company)

4140 PARKLAKE AVENUE, STE 200

(Address)

RALEIGH, NC 27612

(City/state and zip code)

For further information concerning this matter, please call:

BRIAN R. BROWN

(Name of contact person)

at (919)

877-3800

(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
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

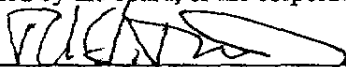
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HERITAGE RADIOLOGY ASSOCIATES, INC.
2. The principal office address: 100 EUROPA DRIVE, STE 417
CHAPEL HILL, NC 27517
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/2001 Document number: F01000001201
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DANIEL S. BEGGS, M.D.
8383 NORTH DAVIS HWY
PENSACOLA, FL 32514
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
CT Corporation System
1200 S. Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

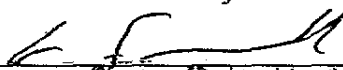
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

RANDALL K. SATHER, PTD

(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)

ALLAN FARNELL

8/10/2004
(Date)

If signing on behalf of an entity:

ASSISTANT SECRETARY

CT CORPORATION SYSTEMS
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314