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COVER LETTER

SUBJECT: 0.5	Lab & Radiology, Inc.	<u> </u>	
		e of Corporation	
DOCUMENT NU	MBER: F10000005203		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
Tina Bradle	ey		
	Name of Contact Person		
U.S Lab &	Radiology, LLC		
	Firm/Company		
930 Ridgeb	cook Road, 3rd FL		
	Address		
Sparks, MD			
	City/State and Zip Code		
	tridentusahealth.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ntion concerning this matter, plea	se call:	
Tina Bra	dley	at (800) 786-80	15 x76145
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a checl	c for the following amount:		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

U S LAB & RADIOLOGY INC.

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

April 23, 2020

Kyle,

Thank you for peaking to me today regarding our company name conversion to an LLC. You have \$35 on file towards this filing. I have enclosed the new forms and additional payment.

Should you have any questions, or if you need additional information or documentation, please contact Tina Bradley via the following:

Telephone: 1-800-786-8015, Ext. 76145

Facsimile: 410-472-1754

Email: Tina.Bradley@tridentcare.com

 930 Ridgebrook Road, 3rd Floor, Corporate Billing Center, Sparks, MD 21152-9390

Your assistance is greatly appreciated.

Sincerely,

Tina Bradley

Sr Provider Relations Coordinator

Corporate Billing Center• 930 Ridgebrook Road Sparks, Maryland • 21152-9481 Phone: 800-786-8015 • Fax: 410-472-1754

COVER LETTER

TO: Amendme Division o	ent Section of Corporations		
SURTECT: U.S	S. Lab & Radiology, Inc.		
<u></u>	 .	(Name of Corporation)	
DOCUMENT NO	UMBER: <u>F100000052</u>	203	
The enclosed with	hdrawal application and	fee are submitted for filin	g.
Please return all c	orrespondence concernin	g this matter to the follow	ing:
	Tina Brad	lley	
		(Name of Person)	
	U.S. Lab & Radiolog	gy, Inc.	
		(Firm/Company)	
	4665 Alligator Blv	/d	
		(Address)	
	Middleburg, FL 3	2068	
	((City/State and Zip code)	
For further inform	nation concerning this ma	tter, please call:	
Tina Bradley			6-8015 x76145
(N:	ame of Person)	(Area Code o	& Daytime Telephone Number)
Enclosed is a chec	ck for the amount: Sent#	#35 fee previously	
□ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
P.O. Box (nt Section of Corporations	Street Address: Amendment Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee FL	oorations allahassee Street, Suite 810

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

<u></u>
(if known)
et business/conduct its affairs)
affairs within the State of Florida and hereby affairs in Florida. Florida to accept service on its behalf and
based on a cause of action arising during the
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, per a great per
ure of any change in its mailing address.
05/08/2020
(Date)
CFO
(Title of person signing)

FILING FEE \$35