Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number: 071344001620

: (813)229-2300

Fax Number

: (813)221-4210

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

ADVANCED IMAGING CENTER OF LEESBURG, LLC

Certificate of Status	
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Page Count	01
Estimated Charge	\$55.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	•			
1. The name of the limit	ted liability company is:	Advanced Imaging Cen	ter of Leesburg,	LLC.
2. The mailing address	of the limited liability co	ompany is: 2878 Enisgro	ve Drive	
Palm Harbor, Flor	=	<u></u>		'
			VI	·
April 5, 2001		L01000005319	9	
3. Date of filing/registra	tion in Florida	4. Document nur	nber	•
5. The name of the regis Florida Department of	tered agent and the regis	stered office address as shown	on the records of the	
	Michael O'Neill			
	262 Mohawk Road	Name	•	₹
	Clermont, Florid	Address là 34711	1	ALLA
	•	State and Zip	02	ΣF
The name and address	of the new registered ag	gent and/or office:	Z	SSE
	F&L Corp.		× ω	c
		Name		10.1 S. S.
	100 N. Tampa St.	<u> </u>		ORIDA
	Florida street address	S (P.O. Box NOT acceptable)		→
	Tampa	FL 33602		
	City, S	tate and Zip	-	=
and the business office of liability company, it is he	thange or changes are ment of the registered agent will be company or a confirmed that the confirmed liability liabi	• •	of the registered offic of a Florida limited I by an affirmative ve	ota of
Michael O'Neill				
(Printed or typed name of signee)	·	· ··	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, FIS. Or & address, I hereby confirm F&L CORP. (Signature of Registered Agont)	nintment as registered ag ns of all statutes relative nd accept the obligations this document is being f that the invited liability	tent and agree to act in this ca to the proper and complete pe s of my position as registered a lied to merely reflect a change y company has been notified in	pacity. I further agre erformance of my dut egent as provided for in the registered offic writing of this chang	e to les, in ce te.
There is a second secon	n of Cornerations D). B ox 6327, Tallahassee, FL	20214	
INHS18(10/99)		G FEE: \$25.00	J4J14	

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