

LD1000014622

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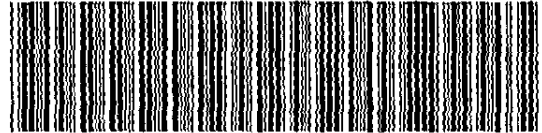
(Business Entity Name)

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2006 FEB -3 PM 1:03
TALLAHASSEE, FLORIDA

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J. BRYAN JAN 30 2006

J. BRYAN FEB - 7 2006



Signet Diagnostic

IMAGING SERVICES

Joanne Longo
560 South Broadway, Hicksville, NY 11801
Phone: 516.933.2800, Fax 516.933.2808, Email: giovanna@ddis.org

January 20, 2006

South Florida Region

Aventura Imaging Center
2630 NE 203rd Street, Ste. 104
North Miami, FL 33180
305.931.7615

Boca Raton Imaging Center
1590 NW 10th Ave., Ste. 202
Boca Raton, FL 33486
561.368.7950

Boca Raton Imaging Center
610 Glades Road
Boca Raton, FL 33431
561.760.8402

Coral Springs Imaging Center
2230 N. University Drive
Coral Springs, FL 33071
954.753.3800

Fort Lauderdale Regional MRI
4461 N. Federal Highway
Oakland Park, FL 33306
954.492.8151

MedScan MRI
3601 W. Commercial Blvd., Ste. 20
Ft. Lauderdale, FL 33309
954.714.0800

Pembroke Pines Imaging Center
701 NW 173rd Ave., Ste. 102
Pembroke Pines, FL 33029
954.538.0050

South Florida Imaging Center
8300 W. Sunrise Blvd.
Plantation, FL 33322
954.577.6000

South Miami Imaging Center
7800 SW 87th Ave., Bldg. A, Ste. 110
Miami, FL 33173
305.595.9290

North Florida Region

Arlington Imaging Center
8500 Fort Carolina Road, Ste. #B
Jacksonville, FL 32277
904.745.5900

Northside Imaging Center
1215 Units 4-5 Dunn Avenue
Jacksonville, FL 32218
904.696.6400

Orange Park Imaging Center
2020 Professional Center Drive
Orange Park, FL 32073
904.272.2800

Riverside Imaging Center
4171 Roosevelt Blvd.
Jacksonville, FL 32210
904.389.7474

Salisbury Imaging Center
4063 Salisbury Road, Ste. 100
Jacksonville, FL 32216
904.281.0133

Correspondence & Billing

560 South Broadway
Hicksville, NY 11801
516.933.2800

Billing South Florida Region
954.246.3621

Billing North Florida Region
904.207.7177

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed is paper work for change of registered office and registered agent.

Together with this are checks payable to Florida Department of State with for the filing fee in the amount of 35.00 for each entity. Please make the appropriate changes.

Please contact me at your convenience should anything further be required.
Thank you.

Very truly yours,

Joanne Longo

FILED
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signet Diagnostic Imaging Services, LLC
(Name of Limited Liability Company)

FILED
2006 FEB -3 PM 1:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark E. Gelfand, General Counsel
(Name of Person)

Signet Diagnostic Imaging Services, LLC
(Firm/Company)

560 South Broadway, Suite 201
(Address)

Hicksville, NY 11801
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark E. Gelfand at (516) 933-3124
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

MARK E. GELFAND, GENERAL COUNSEL
SIGNET DIAGNOSTIC MANAGEMENT SERVICES
560 SOUTH BROADWAY, SUITE 201
HICKSVILLE, NY 11801

SUBJECT: SIGNET DIAGNOSTIC IMAGING SERVICES, LLC
Ref. Number: L01000014622

FILED
2006 FEB -3 PM 1:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SIGNET DIAGNOSTIC IMAGING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 306A00006558



Signet Diagnostic IMAGING SERVICES

Mark E. Gelfand, General Counsel
560 South Broadway, Hicksville, NY 11801
Phone: 516.933-3126 / Fax 516.933.3128
Email: plcabign@runbox.com

February 3, 2006

Joey Bryan
Document Specialist
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

South Florida Region

Aventura Imaging Center
2670 NE 203rd Street, Ste. 104
North Miami, FL 33186
305.931.7615

Boca Raton Imaging Center
1590 NW 10th Ave. Ste. 202
Boca Raton, FL 33406
561.368.7956

Boca Raton Imaging Center
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Boca Raton, FL 33431
561.750.8402

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Coral Springs, FL 33071
954.753.3600

Fort Lauderdale Regional MRI
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Oakland Park, FL 33308
954.492.8151

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Plantation, FL 33327
954.577.6000

South Miami Imaging Center
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Jacksonville, FL 32210
904.389.7474

Salisbury Imaging Center
4603 Salisbury Road, Ste. 100
Jacksonville, FL 32216
904.281.0135

Correspondence & Billing
560 South Broadway
Hicksville, NY 11801
516.933.2800

Billing South Florida Region
560.240.3621

Billing North Florida Region
904.207.1111

RE: Ref. Number: L03000009264 / Diagnostic Management Services, LLC
L03000009214 / Signet Diagnostic Imaging Services (North Florida), LLC
L01000014622 / Signet Diagnostic Imaging Services, LLC
L03000022158 / Signet Direct, LLC

Dear Mr. Bryan:

Enclosed is corrected paper work for change of registered office and registered agent.

We already sent the filing fee in the amount of \$35.00 for each entity. However, the wrong form was completed we should be reimbursed \$40.00 as the appropriate fee is \$25.00.

Please contact me if anything further is required.

Thank you,

Mark E. Gelfand

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 limited liability company is: Signet Diagnostic Imaging Services, L
2. The mailing address of the limited liability company is: 5100 South Broadway,
Suite 201, Hicksville, NY 11801
3. Date of filing/registration in Florida 8/28/01 4. Document number LD1000014622

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Delevie, Mark N.
Name
1515 North Federal Highway, Suite 405
Address
Boca Raton FL 33432
City, State and Zip

6. The name and address of the new registered agent and/or office:

Mark E. Gelfand, General Counsel
Name
8300 W. Sunrise Blvd.
Florida street address (P.O. Box NOT acceptable)
Plantation, FL 33322
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark E. Gelfand
(Signature of a member or authorized representative of a member)

Mark E. Gelfand
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mark E. Gelfand
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00