L01000015405

(Requestor's Name)		
(Address)	_	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

B. KOHR

AUG 1 2 2011

EXAMINER



400210828684

08/10/11--01018--002 **50.00



COVER LETTER

Division of Corporations			
SUBJECT: Traging Center at Name of Limited Li	'		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Taira Hendry Name of Person	· · · · · · · · · · · · · · · · · · ·		
Imaging Center at Lakeward, LIC			
2301 University Blvd W			
Jackson Ville, Pl 32217 City/State and Zip Code			
Practice manager & Icniax. E-mail address: (to be used for futhre annual report not acation)	com		
For further information concerning this matter, please	call:		
Taura Hendry at (90) Name of Person J	Area Code & Daytime Telephone Number		
Registration Section Division of Corporations Clifton Building	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		

INHS18 (5/08)

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: Imagi	ng Center at Lakeward, LLC
2. (a) Principal office address of limited liability compa	any: 2301 University Blvd W
(Note: MUST BE STREET ADDRESS)	Lacksonville, PL 32217
(b) Mailing address of limited liability company:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Note: MAY BE POST OFFICE BOX)	DOCKGONVILLE, PL 32205
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Corporate Creations Internation
Registered Office Address:	11380 Prosperity Farmera #221E Palm Beach Gardons, PL 32410
(b) Enter name of NEW Registered Agent and/or N	
NEW Registered Agent:	Imaging Conter at Forbes, LLC
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2345 Forbes St
	Jacksmille ,FL32201
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization
Quiaybudu	
Signature of a member or authorized representative of a member Taira Hendry Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability components	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent