

L 016000015407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

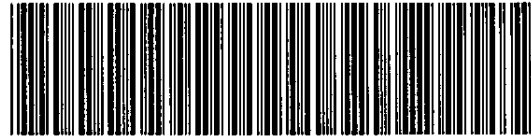
(Document Number)

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AUG 17 2011
EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 17 PM 1:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2011

TAIRA HENDRY
IMAGING CENTER AT FORBES, LLC
2345 FORBES STREET
JACKSONVILLE, FL 32204

SUBJECT: IMAGING CENTER AT FORBES LLC
Ref. Number: L01000015407

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 17 PM 1:55

We have received your document for IMAGING CENTER AT FORBES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are asking to change the R.A. to IMAGING CENTER AT FORBES, LLC, but a company cannot be its own Registered Agent.

An individual with a Florida street address, or any OTHER company with a Florida street address may serve as your Registered Agent. All companies that wish to serve as an R.A. in Florida must be registered with the Florida Division of Corporations.

Please note that we have RETAINED your \$25.00 payment.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 811A00018942

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imaging Center at Forbes, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 17 PM 1:55

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:

Taira Hendry
Name of Person

Imaging Center at Forbes, LLC
Firm/Company

2345 Forbes Street
Address

Jacksonville, FL 32204
City/State and Zip Code

practice.manager@icnjax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taira Hendry at (904) 391-1600
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

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. Name of the limited liability company: Imaging Center at Forbes, LLC

2. (a) Principal office address of limited liability company: 2345 Forbes St

(Note: **MUST BE STREET ADDRESS**)

Jacksonville, FL 32204

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2345 Forbes Street
Jacksonville, FL

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corporate Creations International

Registered Office Address:

11380 Prosperity Farms Rd #221 E
Palm Beach Gardens, FL
33410

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Imaging Center Network LLC

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2345 Forbes St.
Jacksonville, FL 32204

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.

Squaxkuday

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 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.

Squaxkuday

Signature of Registered Agent

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

FILING FEE: \$25.00