

LO1000022530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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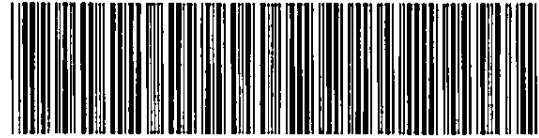
(Business Entity Name)

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FEB 08 2018

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Clinical PET of Ocala, LLC

2. (a) 3143 SW 32nd Ave, Suite 100, Ocala (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Ocala, FL 34474

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3143 SW 32nd Ave

Ocala FL 34474

3. 12/26/2001
Date of filing/registration in Florida

4. L01000022530
Document number

5. (a) Atlanta Program Manager of Southeast, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2113 Ruby Red Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite E

Clermont, FL . FL 34714

(b) GANESH ARORA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3143 SW 32nd Ave, Suite 100

NEW Registered Office Address:

Ocala . FL 34474

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.

* [Signature]
Signature of a member or authorized representative of a member

Karim, S. Ali
Printed or typed name of signer

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 605, 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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00 payable to: Florida Department of State

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