## L020000000457

790 Church Street, Suite 100 Marietta, GA 30060

City/State/Zip

Phone #

\*\*\*\*\*35.00 \*\*\*\*\*35.<u>00</u>

Examiner's Initials

	Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	PILEI D2 JUL 31
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☐ Walk in ☐ Pick up time _	☐ Ce	rtified Copy
☐ Mail out ☐ Will wait	.,	ertificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	e e e e e e e e e e e e e e e e e e e
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFI	CATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 22, 2002

PD SIMAGING 790 CHURCH STREET, SUITE 100 MARIETTA, GA 30060

SUBJECT: PDS IMAGING MOBILE MRI, LLC

Ref. Number: L02000002457



We have received your document for PDS IMAGING MOBILE MRI, 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 502A00044548

## 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: PDS I maging Mobile MEI, UC
2. The mailing address of the limited liability company is: 790 Church St #100
trariette, GA 30060
1/31/02 10200002457
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Business Filings Incorporated
Florida street address (P.O. Box NOT acceptable)  Newberry FL 3266  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.
(Signature of a member or authorized representative of a member)
Michael Evertsen  (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.  (Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)