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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE
JAN 27 2020

COVER LETTER

Registration Section
Division of Corporations

ECT: Florida Radiology Leasing, LLC

Name of Limited Liability Company

ir or Madam:

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

return all correspondence concerning this matter to the following:

. McGillicuddy

Name of Person

morial Health System

Firm/Company

stro Parkway, Legal Services, Lee Health Corporate Center

Address

ers, FL 33916

City/State and Zip Code

ourtDocs@LeeHealth.org

mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

McGillicuddy at (239) 343-8550

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

nclosed 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 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
 makes the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

Name of the limited liability company: Florida Radiology Leasing, LLC

Florida Radiology Leasing, LLC

(b) Florida Radiology Leasing, LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

8791 Conference Drive

8791 Conference Drive

Fort Myers, FL 33919

Fort Myers, FL 33919

03/27/2002

L02000007360

Date of filing/registration in Florida

4.

Document number

Mary McGillicuddy

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2780 Cleveland Ave

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 100, Suite 459

Fort Myers, FL 33901

Mary A. McGillicuddy

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

Legal Services, Lee Health Corporate Center

NEW Registered Office Address:

4211 Metro Parkway

Fort Myers, FL 33916

I, the undersigned, being a duly authorized officer of the limited liability company, certify that the limited liability company is not organized under the laws of the State of Florida. It is hereby confirmed that after the
the above 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)
is/are 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

Printed or typed name of signee

*I 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 responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.*

Mary A. McGillicuddy
Registered Agent

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