## L0200009860

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TALLAITA SSET, 11 bentu

B. ROSTICK
DEC - 2 2013
EXAMINER

TO: Registration Section

## COVER LETTER

Division of Corporations	
SUBJECT: MRI Specialists Holding Co	ompany, L.L.C. FLimited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
I. Jeffrey Pheterson  Name of Person	
Ward Damon Firm/Company	A. E.
4420 Beacon Circle, Ste. 100 Address	MILAN SECTION
West Palm Beach, FL 33407 City/State and Zip Code	
ipheterson@warddamon.com E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Jeff Pheterson Name of Person	at ( 561) 842-3000  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	ng 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. Na	me of the limited liability company:MRI Specialists	Holding Company, L.L.C.		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1700 West Woolbright Rd., Boynton Beach, FL 33426	Ste. 3	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1700 West Woolbright Rd., Boynton Beach, FL 33426		
04/24/	2002	L02000009860		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t		Dept. o	of State:
	registered Agent.	1. Jeffrey Pheterson		e to
	Registered Office Address:	400 S. Dixie Hwy., Ste. 420 Roca Raton, FL 33432	-	د العام
	•	Boca Raton, FL 33432		<b>C</b>
			321	
			<u> </u>	C) '
(b)	Enter name of NEW Registered Agent and/or NEW	V Registered Office add	ress:	1 T) 7 F
	NEW Registered Agent:	1. Jeffrey Pheterson	<u> </u>	- <del>1</del> 2
	NEW Registered Office Address:	4420 Beacon Circle		Č.
	(MUST BE FLORIDA STREET ADDRESS)	Ste. 100		
		West Palm Beach	-	,FL 33407
and the liability the me the of	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.  The office of a member of signer or typed name	orida street address of the cal. Or, in the case of a F was/were authorized by a e provided in the articles	registo Torida n affiri of orga	ered office limited mative vote of anization or
comply and I a Chapte addres	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	gree to yet in this capacity per and complete perforn ition as registered agent ely reflect a change in thi has been notified in writt	nance of the control	iner agree to of my duties, vided for in ered office his change.

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

Signature of Registered Agent