

L030000002938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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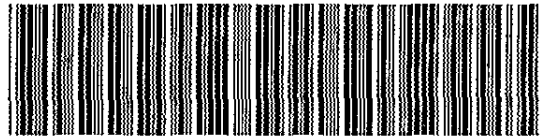
(Business Entity Name)

(Document Number)

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3-21-20



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 957917 7355181

AUTHORIZATION

Patricia Piro

COST LIMIT : \$ 25.00

ORDER DATE : March 7, 2003

ORDER TIME : 2:35 PM

ORDER NO. : 957917-010

CUSTOMER NO: 7355181

CUSTOMER: Mary Collins
Presgar Companies, LLC
Suite 350, 14055 Riveredge
Drive
Tampa, FL 33637

CHANGE OF AGENT

NAME: EAST MEADOW MRI, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

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**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: EAST MEADOW MRI, LLC
2. The mailing address of the limited liability company is : _____
14025 Riveredge Drive, Suite 600, Tampa, FL 33637

3. Date of filing/registration in Florida January 24, 2003 4. Document number LB3000002938

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jeffrey P. Greenberg
 Name
14025 Riveredge Dr., Suite 600
 Address
Tampa, FL 33637
 City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company
 Name
1201 Hays Street
 Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
 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)

Gary W. Wright, Authorized Person
 (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 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

APPROVE
AND
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