## 20000004613

(Re	questor's Name)	<u>,</u>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2015 T. CARTER

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	Radiographic Consultants, I	LLC					
Name of Limited Liability Company							
Dear Sir or I	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return	n all correspondence concerning th	is matter to the f	following:				
Michael J.	. Foley						
	Name of Person		_				
Michael J.	. Foley, M.D., P.A.						
	Firm/Company		<del></del>				
101 E. Ke	nnedy Blvd.						
	Address	**************************************	<del></del>				
Tampa, F	L 33602						
	City/State and Zip Code		_				
Mike@rac	dcon1.com						
E-mail	address: (to be used for future ann	ual report notifi	cation)				
For further i	nformation concerning this matter,	, please call:					
Steven K.	Barber	813	228-8171				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
Enc	losed is a check for the following	amount:					
Xs	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

## 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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Suite 3900  Tampa, FL 33602  02/06/2003	_ (b _ _				
2. (4)	(Note: MUST BE STREET ADDRESS) Suite 3900 Tampa, FL 33602	_	Suite 39	Aailing address of limited liab ( <u>Note: MAY BE POST OF</u> 00		
	Tampa, FL 33602	_				
	· · · · · · · · · · · · · · · · · · ·		Tampa,	EL 22602		
	02/06/2003			FL 33602		
			L0300000	)4613	15 MiR	SECRE
3.	Date of filing/registration in Florida	4.		Document number	·R 2	表言工
5. (a)	Fowler White Boggs Banker P.A.				23	MY M
J. (4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	::	PH	
	c/o Steven K. Barber				٠ <u>;</u> 0	RA.
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	1	•	2	DA DE
	501 East Kennedy Blvd. Ste. 1700					
	Tampa , FL	33602				
(b)	Shutts & Bowen LLP		٠			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	lress:			
	c/o Steven K. Barber					
	NEW Registered Office Address:			•		
	4301 W. Boy Scout Blvd. Ste. 300					
	Tampa , FL	33607				
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable the authorized by an affirmative vote of the members of cless of brganization of the operating agreement of the law has been appropriately the law has been approprinted by the law has been appropriately the law has been appropria	the regist bility co f the limited l	tered office mpany, it is ited liability	e and the business office is hereby confirmed that y company or as otherwing apany.	of the r	egistered ige(s)
Signa	ure of a member or authorized representative of a member			Printed or typed name of sig	nee	
the obline to mery notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete propers of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.  The of Registered Agent	ee to act perform I for in C ereby co	in this cape ance of my e Chapter 603 anfirm that	acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply r with ai ent is be pany ha	with the nd accept ing filed s been



Founded 1910

STEVEN K BARBER
PARTNER
(813) 227-8171 Direct Telephone
(813) 227-8271 Direct Facsimile

E-MAIL ADDRESS: sbarber@shutts.com

March 20, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Statement of Change of Registered Office and Registered Agent for Radiographic Consultants, LLC

Registration Section:

Please find enclosed the executed Statement of Change of Registered Office or Registered Agent for Radiographic Consultants, LLC, along with a check in the amount of \$25.00 for payment of the filing fees.

Please contact me should you need further information associated with this request.

Sincerely,

Shutts & Bowen LLP

SKB/cal

Enclosures

TPADOCS 20609911 1 42034,0001

4301 West Boy Scout Boulevard, Suite 300, Tampa, Florida 33607 • ph 813.229.8900 • fx 813.229.8901 • www.shutts.com

MIAMI FORT LAUDERDALE WEST PALM REACH ORIANDO TAMPA TALLAHASSEE AMSTERDAM