

L03000004613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

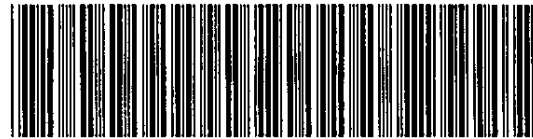
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291075933

10/14/16--01011--012 **25.00

FILED
OCT 14 PM 1:58
TALLAHASSEE, FLORIDA

OCT 14 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiographic Consultants, LLC
Name of Limited 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 this matter to the following:

Michael J. Foley MD
Name of Person

Radiographic Consultants, LLC
Firm/Company

101 E. Kennedy Blvd Suite 3900
Address

Tampa, FL 33602
City/State and Zip Code

Mike @ Radcon 1. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Foley at (813) 476- 9147
Name of Person 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 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Radiographic Consultants LLC
2. (a) 101 E. Kennedy Blvd (b) 101 E. Kennedy Blvd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Suite 3900 Suite 3900
Tampa, FL 33602 Tampa, FL 33629
3. 10/10/12 4. LO300000 4613
Date of filing/registration in Florida Document number

5. (a) Shotts & Bowen LLP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

c/o Steven K. Barber
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4301 W. Boy Scott Blvd Ste 300
Tampa, FL 33607

- (b) Michael J. Foley
Enter name of NEW Registered Agent and/or NEW Registered Office address:

101 E. Kennedy Blvd
NEW Registered Office Address:
~~at (Tampa, FL)~~ Suite 3900
Tampa, FL 33602

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.

Michael Foley MD
Signature of a member or authorized representative of a member

Michael Foley MD
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 605, 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.

Michael Foley MD
Signature of Registered Agent