

LC3000064613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

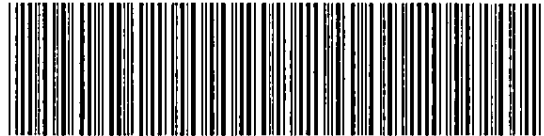
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No new Registered Agent

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FL

2023 SEP -1 AM 7:52

FILED

SEP 11 2023

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, M.D.

Name of Person

Radiographic Consultants, LLC

Firm/Company

101 East Kennedy Boulevard, Suite 3450

Address

Tampa, FL 33602

City/State and Zip Code

Cheryl@Radcon1.com

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

For further information concerning this matter, please call:

Michael J. Foley, M.D.

813

229-1208

at ()

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

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) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

101 East Kennedy Boulevard, Suite 3900

101 East Kennedy Boulevard, Suite 3900

Tampa, FL 33602

Tampa, FL 33602

February 6, 2003

L03000004613

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Michael J. Foley

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

101 East Kennedy Boulevard, Suite 3900

Tampa, FL 33602

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Michael J. Foley
NEW Registered Office Address:

101 East Kennedy Boulevard, Suite 3450

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 J. Foley
Signature of a member or authorized representative of a member

Michael J. Foley

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 J. Foley
Signature of Registered Agent

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

FILED
2023 SEP -1 AM 7:53
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2023

MICHAEL J. FLOEY, M.D.
101 EAST KENNEDY BOULEVARD
SUITE 3450
TAMPA, FL 33602

SUBJECT: RADIOGRAPHIC CONSULTANTS, LLC
Ref. Number: L03000004613

We have received your document for RADIOGRAPHIC CONSULTANTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not provide a new Registered Agent on your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 423A00018959

