

LV3000022158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

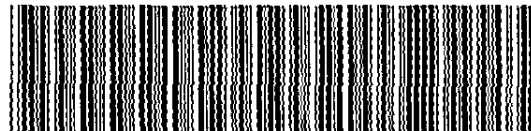
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2006 FEB -3 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 30 2006

J. BRYAN

FEB - 7 2006

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signet Direct, 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:

Mark E. Gelfand, General Counsel  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

560 South Broadway, Suite 201  
(Address)

Hicksville, NY 11801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark E. Gelfand at (516) 933-3124  
(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

MARK E. GELFAND, GENERAL COUNSEL  
SIGNET DIRECT, LLC  
560 SOUTH BROADWAY, SUITE 201  
HICKSVILLE, NY 11801

SUBJECT: SIGNET DIRECT, LLC  
Ref. Number: L03000022158

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2006 FEB -3 PM 1:03  
TALLAHASSEE, FLORIDA

We have received your document for SIGNET DIRECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 806A00006563



# Signet Diagnostic

IMAGING SERVICES

Mark E. Gelfand, General Counsel  
360 South Broadway, Hicksville, NY 11801  
Phone: 516.933-3126 / Fax 516.933.3128  
Email: pleabgn@runbox.com

February 3, 2006

Joey Bryan  
Document Specialist  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## South Florida Region

Aventura Imaging Center  
7500 NE 203rd Street, Ste 104  
North Miami, FL 33180  
305 931.7615

Boca Raton Imaging Center  
1500 NW 10th Ave., Ste 202  
Boca Raton, FL 33486  
561.368.7936

Boca Raton Imaging Center  
610 Glades Road  
Boca Raton, FL 33431  
561.750.8402

Coral Springs Imaging Center  
2230 N. University Drive  
Coral Springs, FL 33071  
954.753.3800

Fort Lauderdale Regional MRI  
3461 N. Federal Highway  
Oakland Park, FL 33308  
954.482.6151

MedScan MRI  
3601 W. Commercial Blvd., Ste. 20  
Ft. Lauderdale, FL 33309  
954.714.9800

Pembroke Pines Imaging Center  
701 NW 179th Ave., Ste. 102  
Pembroke Pines, FL 33029  
954.338.6050

South Florida Imaging Center  
8300 W. Sunrise Blvd.  
Plantation, FL 33322  
954.577.8000

South Miami Imaging Center  
7600 SW 8th Ave., Bldg. A, Ste. 110  
Miami, FL 33173  
305.585.9200

## North Florida Region

Arlington Imaging Center  
6500 Fort Carolina Road, Ste. #B  
Jacksonville, FL 32217  
904.745.5900

Northside Imaging Center  
1215 Units 4-5 Dunn Avenue  
Jacksonville, FL 32216  
904.890.8400

Orange Park Imaging Center  
2070 Professional Center Drive  
Orange Park, FL 32073  
904.272.2800

Riverside Imaging Center  
4171 Roosevelt Blvd.  
Jacksonville, FL 32210  
904.389.7474

Salisbury Imaging Center  
4003 Salisbury Road, Ste. 100  
Jacksonville, FL 32216  
904.261.0133

## Correspondence & Billing

560 South Broadway  
Hicksville, NY 11801  
516.933.2600

Billing South Florida Region  
954.240.3621

Billing North Florida Region  
904.207.1177

**RE: Ref. Number: L03000009264 / Diagnostic Management Services, LLC  
L03000009214 / Signet Diagnostic Imaging Services (North Florida), LLC  
L01000014622 / Signet Diagnostic Imaging Services, LLC  
L03000022158 / Signet Direct, LLC**

Dear Mr. Bryan:

Enclosed is corrected paper work for change of registered office and registered agent.

We already sent the filing fee in the amount of \$35.00 for each entity. However, the wrong form was completed we should be reimbursed \$40.00 as the appropriate fee is \$25.00.

Please contact me if anything further is required.

Thank you,

Mark E. Gelfand

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Signet Direct, LLC
2. The mailing address of the limited liability company is: 560 South Broadway,  
Suite 201, Hicksville, NY 11801  
6/13/03 LD300002215
3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  
Delevie, Mark N.  
Name  
1515 North Federal Highway, Suite 405  
Address  
Boca Raton, FL 33432  
City, State and Zip
6. The name and address of the new registered agent and/or office:  
Mark E. Gelfand, General Counsel  
Name  
8300 W. Sunrise Blvd.  
Florida street address (P.O. Box NOT acceptable)  
Plantation, FL 33322  
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.

Mark E. Gelfand  
(Signature of a member or authorized representative of a member)

Mark E. Gelfand  
(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 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.

Mark E. Gelfand  
(Signature of Registered Agent)

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