

L03000052567

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 6 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Diagnostic Imaging Professional Services,  
(Name of Limited Liability Company) P.L.L.C.

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 Fugien  
(Name of Person)

Advanced Diagnostic Imaging Professional Services  
(Firm/Company)

16563 White Orchid Lane  
(Address)

Delray Beach, FL 33446  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Fugien at ( 954 ) 357-8408  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2006

MICHAEL FUGIEN  
16563 WHITE ORCHID LANE  
DELRAY BEACH, FL 33446

SUBJECT: ADVANCED DIAGNOSTIC IMAGING PROFESSIONAL SERVICES,  
P.L.L.C.  
Ref. Number: L03000052567

We have received your document for ADVANCED DIAGNOSTIC IMAGING PROFESSIONAL SERVICES, P.L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 706A00065332

**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.

- Advanced Diagnostic Imaging Professional  
~~16563 White Orchid Lane Delray~~  
Services, PLLC
1. The name of the limited liability company is: 16563 White Orchid Lane Delray Services, PLLC
2. The mailing address of the limited liability company is: 16563  
White Orchid Lane, Delray Beach, FL 33446
3. Date of filing/registration in Florida Jan 5, 2005
4. Document number LC300005267
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael Fagien  
Name  
2650 N. Military Trail  
Address  
Boca Raton, FL 33431  
City, State and Zip

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

Michael Fagien  
Name  
16563 White Orchid Lane  
Florida street address (P.O. Box NOT acceptable)  
Delray Beach, FL 33446  
City, State and Zip

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TALLAHASSEE, FLORIDA

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]  
(Signature of a member or authorized representative of a member)

Michael Fagien  
(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.

[Signature]  
(Signature of Registered Agent)

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