

L04000054340

(Requestor's Name)

12905 Mia Circle

(Address)

(Address)

Largo, FL 33774

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L04 - 54340

(Document Number)

Certified Copies _____

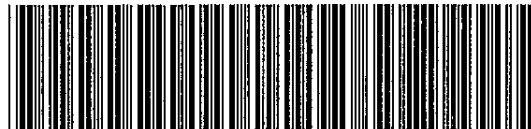
Certificates of Status _____

Special Instructions to Filing Officer:

9/15

R/A change

Office Use Only



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M. HODGES

09/15/05--01017--015 **25.00

FILED

05 SEP 15 PM 4:25

SECRETARY OF STATE
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: Mobile Medical Imaging LLC
2. The mailing address of the limited liability company is : 4003 W. San Luis St Tampa FL 33629
3. Date of filing/registration in Florida July 22 2004
4. Document number L04000054340

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brian Flanagan
Name
4003 W San Luis St
Address
Tampa FL 33629
City, State and Zip

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TALLAHASSEE FLORIDA

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

Gerald Flanagan
Name
12905 Mia Circle
Florida street address (P.O. Box NOT acceptable)
Largo FL 33774
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.

Brian Flanagan
(Signature of a member or authorized representative of a member)

Brian Flanagan
(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.

Brian Flanagan
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314