

LD4000066573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 JUL 22 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outgen JUL 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Imaging of Port Charlotte, 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:

Mana Barkley

Name of Person

National Corporate Research, Ltd.

Firm/Company

194 Washington Avenue, Suite 310

Address

Albany, NY 12210

City/State and Zip Code

atavares@kmhlabs.com

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

For further information concerning this matter, please call:

Mana Barkley

Name of Person

at (518) 213-0896

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 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. Name of the limited liability company: Advanced Imaging of Port Charlotte, LLC

2. (a) Principal office address of limited liability company: 2625 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE, FL 33952
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 2625 TAMiami TRAIL, SUITE 1
PORT CHARLOTTE, FL 33952
(Note: **MAY BE POST OFFICE BOX**)

8/22/2003

3. Date of filing/registration in Florida

L04000066573

4. Document number

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

Registered Agent:

AEBEL, ERIN

Registered Office Address:

NATIONAL CORPORATE RESEARCH, LTD.
194 WASHINGTON AVENUE, SUITE 310
TAMPA, FL 33602

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

NEW Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

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.

X Neena Kanwar
Signature of a member or authorized representative of a member

Neena Kanwar, Authorized Signatory

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.

Stan Busse
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED

2013 JUL 22 PM 12:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE