

LD500006543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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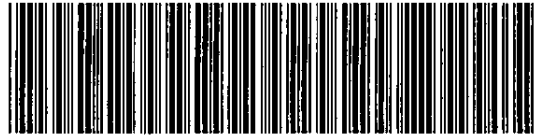
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 30 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Radiology Real Estate Development 1, 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:

Charles Frempton  
Name of Person

Doctors Imaging Group LLC  
Firm/Company

6716 NW 11<sup>TH</sup> PLACE  
Address

Gainesville FL 32605  
City/State and Zip Code

c.frempton@doctorsimaginggroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Frempton at ( 352 ) 331-9729  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Radiology Real Estate Development I, LLC

2. (a) Principal office address of limited liability company: 6716 NW 11<sup>TH</sup> Place  
☐ (Note: **MUST BE STREET ADDRESS**) Gainesville FL 32605

(b) Mailing address of limited liability company: 6716 NW 11<sup>TH</sup> Place  
☐ (Note: **MAY BE POST OFFICE BOX**) Gainesville FL 32605

07/06/2005  
3. Date of filing/registration in Florida

L0500006543  
4. Document number

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

Registered Agent:

Registered Office Address:

B & C Corporate Services  
One Biscayne Tower  
2 South Biscayne Boulevard  
Miami FL 33131

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

NEW Registered Agent:

NEW Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

Charles Frampton  
Doctors Imaging Group LLC  
6716 NW 11<sup>TH</sup> Place  
Gainesville, FL 32605

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

Will Williams  
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.

Charles Frampton  
Signature of Registered Agent

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