105000086056

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Alexin Thurs 09 10-28-09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: see list attached Name of Limited Liability Company
DOCUMENT NUMBER: see list attached
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary Walker, Equire Name of Person
Name of Person
Allen Dell, P.A.
Name of Firm/Company
202 S. Rome Avenue, Suite 100
Address
Tampa, FL 33606 City/State and Zip Code
City/state and 21p code
n/a E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary Walker, Esquire at (813) 223-5351 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ENTITY DOCUMENT NUMBER Atlantic Education, LLC L05000086056 Carrollwood Diagnostic Imaging Associates, LLC L03000009733 Consortium for Medical Education, LLC L03000017438 Florida Imaging Associates PL L07000014069 L08000077741 Florida Radiation Oncology PL Hillsborough Radiology Consultants, PL L07000048404 Hudson Radiology Consultants, PL L07000048416 National Medical Recruiters, LLC L07000057609 Olympus Investment Group, LLC L04000039403 Olympus Investments III, LLC L05000067741 Pasco Imaging

Pasco Imaging
Consultants PL
L07000016589

Pasco Radiology
Associates, PL
L06000118386

Pasco Radiology
Consultants, PL
L07000014188

Radiology Consultants
of Florida PL
L07000016576

Tampa Bay Imaging
Management, LLC
L03000005484

ENTITY

DOCUMENT NUMBER

Tampa Bay Radiology

Associates, PL

L04000089527

Tampa Bay Radiology

Consultants, PL

L01000017003

Tampa Bay Radiology, PL

L01000017002

Tampa Bay Women's Imaging, PL L08000027065

The Nova Health

Group, LLC

L99000004701

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.4	16(2) or 608.509, Flori	da Statutes, the undersign	ied C
Gary Walker			, hereby resigns a	
*	Name of Registered A	Agent		52
Registered Agent for _	atlantic	Education	n, LLC	Fig. 19 C
	Name of	Limited Liability Company		PATE S
	_	, , ,		Y
_L05000C	86056			
Document ?	Number, if known			
A copy of this resignat	ion was mailed to th	ne above listed limited l	iability company at its las	st known address.
The agency is terminat	ed and the office dis	scontinued on the 31st of	day after the date on whic	th this statement is filed.
		ary Walken Signature of Resigning	g Agent	
If signing on behalf of	an entity:			
		n/a		
		Typed or Printed Name		
		n/a		
	·	Capacity	· · · · · · · · · · · · · · · · · · ·	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314