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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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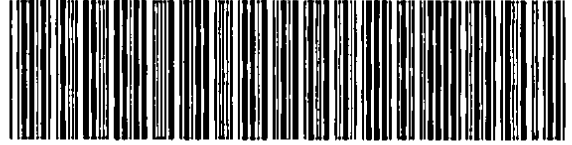
(Business Entity Name)

(Document Number)

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09/20/22--01020--007 **60.00

22 SEP 20 PM 1:00
RECEIVED
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inverness Medical Imaging, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Phipps

Name of Person

Radiology Imaging Associates, LLC

Firm/Company

1818 SW 15th Ave

Address

Ocala FL 34471

City/State and Zip Code

tracy.phipps@raocala.com

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

For further information concerning this matter, please call:

Tracy Phipps

352

671-4285

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP 20 PM 1:00

RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Inverness Medical Imaging, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/20/2006 and assigned
Florida document number L06000007047.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1673 Mason Ave

Suite 305

Daytona Beach, FL 32117

22 SEP 20 PM 1:00

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Tracy Phipps

New Registered Office Address: 1818 SW 15th Ave
Enter Florida street address

Ocala, Florida 34471
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Riccardo DeGirolami	7459 SE 12th Circle	<input type="checkbox"/> Add
		Ocala FL 34480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chuck Zachar	2100 S. Border Ave	<input type="checkbox"/> Add
		Inverness FL 34452	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Caleb Rivera	1818 SW 15th Ave	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rolando Prieto	1818 SW 15th Ave	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ryan Tompkins	1818 SW 15th Ave	<input type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Schiering	1673 Mason Ave, Suite 305	<input checked="" type="checkbox"/> Add
		Daytona Beach FL 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy Jones	1673 Mason Ave. Suite 305	<input checked="" type="checkbox"/> Add
		Daytona Beach FL 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roy Siragusa	1673 Mason Ave. Suite 305	<input type="checkbox"/> Add
		Daytona Beach FL 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 SEP 20 PM 1:00
Office of the Auditor
1000 N. Orange Ave.
Room 1000
Orlando, FL 32801
407.243.8000

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

22 SEP 20 PM 1:00

Walter D. Dill

E. Effective date, if other than the date of filing: August 1, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Sept 15, 2022

Upphinn

Signature of a member or authorized representative of a member

Tracy Phipps

Typed or printed name of signee