## L06000019694

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
tified Copies Certificates of Status							
pecial Instructions to Filing Officer:							
Umils							
Office Use Only							



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COVER LETTER

O:	Registration Section Division of Corporations					
UBJE	Partners Imaging Center of Sarasota L	LC				
	Name of Limited Liability Company					
ear Si	г or Madam:					
he end	closed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.			
	return all correspondence concerning this					
Iolly F	orte					
	Name of Person		<del></del>			
artners	Imaging Center of Sarasota, LLC					
	Firm/Company		_			
250 S.	Tamiami Trail, Suite 103					
	Address		<del></del>			
ırasota	, FL 34239					
	City/State and Zip Code		<del></del>			
fortc@	)partnersimage.com					
E-1	mail address: (to be used for future annua	l report notifi	ication)			
r furtl	ner information concerning this matter, pl	ease call:				
olly Fo	orte	941	716-5662			
	Name of Person	at (	Area Code & Daytime Telephone Number			
j	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			
]	Enclosed is a check for the following an	ount:				
	S25 Filing Fee		55 Filing Fee & Certified Copy			
S18 (	2/14)		.,			

## LIMITED LIABILITY COMPANY

suant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company mits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:  Partners Imagin	ng Center of	Sarasota, L	LC		
a)	(t	))			
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			_	imited liability company: POST OFFICE BOX)	
1250 S. Tamiami Trail, Suite 103		1250 S. T	amiami Trail, Suit	e 103	
Sarasota, FL 34239		Sarasota, FL 34239			
02/22/2006		L06000019	1694		
Date of filing/registration in Florida	4.		Document num	ber	
Nigel C. de Wit					
Registered Agent and Registered Office shown on the records of	of the Florid	Dept. of Sta	te:		
			_		
Registered Office Address (MUST BE FLORIDA STREE	TADDRES:	<u>5)</u>			
1250 S. Tamiami Trail, Suite 103				202! TAN	
Sarasota	34239 FL			2024 DEC SECKET	
Molly K. Forte			_	6 1 3	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ac	dress:	_	AN 6: 28	
NEW Registered Office Address:			_	72	
1250 S. Tamiami Trail, Suite 103			_		
Sarasota, 1	34239 FL		_		
e limited liability company is not organized under the large or changes are made, the Florida street address of that will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the manufacture of a member or authorized representative of a member are presented agent and a positions of all statutes relative to the proper and complete obligations of my position as registered agent as provide evely reflect a change in the registered office address, ited in writing of this change.	he register liability co s of the lin he limited Ric	ed office ar ompany, it i nited liability iability cor nard Goldbe	nd the business of is hereby confirm ty company or as npany.  rg, MD  Printed or typed n	ffice of the registered ned that the change(s) sotherwise provided in ame of signee	
Mulle Kiech					