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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE FARR LAW FIRM  
Account Number : 193654001665  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dholmes@farr.com

LLC REGISTERED AGENT CHANGE  
MANATEE LAKEWOOD RADIOLOGY ASSOCIATES, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Manatee Lakewood Radiology Associates, 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:

David A. Holmes, Esq.

Name of Person

Farr Law Firm

Firm/Company

99 Nesbit St.

Address

Punta Gorda, FL 33950

City/State and Zip Code

dholmes@farr.com

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

For further information concerning this matter, please call:

David A. Holmes

at ( 941 )

505-9975

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 — via Account ✓

☐ \$55 Filing Fee & Certified Copy

APPROVED  
AND  
FILED  
2019 MAY -9 AM 9:35  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Manatee Lakewood Radiology Associates, LLC

2. (a) Principal Office

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8374 MARKET STREET, #502

Bradenton, FL 34202

(b) Mailing Address

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8374 MARKET STREET, #502

Bradenton, FL 34202

09/08/2006

L06000088719

3. Date of filing/registration in Florida

4. Document number

5. (a) Current Registered Agent

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

THOMAS, JOHN, MD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8374 MARKET STREET

Bradenton, FL 34202

(b) New Registered Agent

Enter name of NEW Registered Agent and/or NEW Registered Office address:

David A. Holmes, Esq.

NEW Registered Office Address:

c/o Farr Law Firm 99 Nesbit St.

Punta Gorda, FL 33950

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 of a member of authorized representative of a member

Dr. John Thomas

Printed or typed name of signer

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.

Signature of Registered Agent

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

APPROVED  
AND  
FILED  
2019 MAY - 9 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA