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COVER LETTER

TO: Registration Section Division of Corporations	•
Collier Radiology Consultants LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Carl G. Santangelo	
Name of Person	
Carl G. Santangelo, PLLC	
Firm/Company	
3300 N. Federal Highway, Suite 200	2004 FEB 20
Address	
Fort Lauderdale, FL 33306	2: 01
City/State and Zip Code	
csantangelolaw@aol.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Carl Santangelo 95	54 561-3040
Name of Person	Area Code & Daytime Telephone Number
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 amount	:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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:	Collier Radiology Cons	ultants LLC		
2. (a) 2805 E. Offerans Park	B	(b) 2805 EAS	- Dan - 13	72211 2 12
Principal office address of limited liat			g address of limited lia	
(Note: MUST BE STREET AL			e: MAY BE POST O	
				
452		# 452		
FT. LAUDERDALL FL 333	DI.	Erlass	100 =	22236
11. KHOBERDACE, 12 300			LDALL, FL	22200
3. Date of filing/registration in	·	L070000		
3. Date of filing/registration in	Florida 4.	Docu	ment number	
s on Dom Kons				
5. (a) Dr. Marc Kny & Registered Agent and Registered Office show	m on the records of the Flo	rida Dent. of State:		
Registered Agent and Registered Office snow	it of the records of the rio	nua Dept. of State.		
2805 EAST CAKLAND P	ARK BLUD.			
Registered Office Address (MUST BE FL	ORIDA STREET ADDR	ESS)		
* 45°a			岩 吊	•
<u> </u>	·		2021 FEB 20 SANTOS	. •
FT. LAUDERDALE	, FL3	330L	. 0	•
				1 - 5
(b) CARL G. SANTANCELO	. E.A			
Enter name of NEW Registered Agent and/o			7 0	ວ
	<u> </u>		17	-
CARL C. SANTANGELO	0 . 1 . 0			
	7 1 2			
NEW Registered Office Address:				
3300 N. FEDERAL HW	V. STE. 200			
	(,			
<i></i> 1 .	•••			
FT. LAUDELDALE	, FL	53306		
If the limited liability company is not organiz	ed under the laws of t	he State of Florida.	it is hereby confirm	ned that after the
change or changes are made, the Florida stree	et address of the regist	ered office and the l	business office of t	the registered
agent will be identical. Or, in the case of a F				
was/were authorized by an affirmative vote of the articles of organization or the operating a	greement of the limite	nniice naointy com d liability company.	pany or as otherw	ise provided in
W W				
Signature of a member or authorized representative of	of a member	Mar KA	1 or typed name of six	
·				
I hereby accept the appointment as registere provisions of all statutes relative to the prope	a agent and agree to a er and complete perfo	act in this capacity. mance of my duties.	1 further agree to . and I am familiar	comply with the with and accent
provisions of all statutes relative to the prope the obligations of my position as registered a to merely reflect a change in the registered o	gent as provided for i	n Chapter 605, F.S.	Or, if this docume	ent is being filed
notified in writing of this counge	yrce anaress, i nereos 1 /	- сопринения инс ин	шен на <i>ни</i> ју сотј	rany nas veen
	1 / / / / /	1		