

LO7000111406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec 6/23/08 NO Money

Office Use Only

NO \$



200087887862

07/15/08--01001--012 **25.00

FILED
08 JUL 11 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 14 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Portable Digital Radiology, 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:

Michael A. Beregszaszi
(Name of Person)

Portable Digital Radiology, LLC
(Firm/Company)

375 SW 113th Way, Bldg.8 Apt. 375
(Address)

Pembroke Pines, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Beregszaszi at (813) 362-5604
(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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

03 JUL 11 AM 10:33

FILED
TALLAHASSEE

June 24, 2008

MICHAEL A BEREGSZASZI
375 SW 113TH WAY
BLDG 8 - APT 375
PEMBROKE PIENS, FL 33025

SUBJECT: PORTABLE DIGITAL RADIOLOGY LLC
Ref. Number: L07000111406

We have received your document for PORTABLE DIGITAL RADIOLOGY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 108A00038060

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Portable Digital Radiology, LLC L07000111406

2. (a) Principal office address of limited liability company: 375 SW 113th Way
(Note: **MUST BE STREET ADDRESS**) Pembroke Pines, FL 33025

(b) Mailing address of limited liability company: 375 SW 113th Way
(Note: **MAY BE POST OFFICE BOX**) Pembroke Pines, FL 33025

11/1/2007
3. Date of filing/registration in Florida

L07000111406
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Isabelle Beregszaszi

Registered Office Address: 5813 14th St
Zephyrhills, FL 33542

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Michael A. Beregszaszi

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 375 SW 113th Way
Bldg. 8, Apt. 375
Pembroke Pines, FL 33025

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]
(Signature of a member or authorized representative of a member)

Michael A. Beregszaszi
(Printed or typed name of signee)

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 608, 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]
(Signature of Registered Agent)

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