

LD 8000107532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

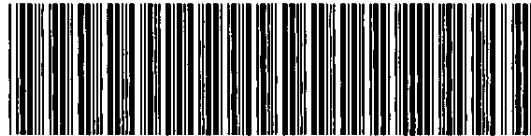
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12 DEC 31 PM 3:45
SECRETARY OF STATE
TAMMY SUTHERLAND

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rx for Imaging
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:

DAVID A. COURSON
Name of Person

Rx for Imaging
Firm/Company

506 S.E. 47th Terrace
Address

CAPE CORAL FL 33904
City/State and Zip Code

DCOURSON@RxforImaging.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID COURSON at (941) 815-1103
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

12 DEC 31 PM 3:46

Rx for 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 11/18/2008 and assigned Florida document number LO 8000 107532

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 end with 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)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

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 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.

If Changing Registered Agent, **Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephen M Ross MD.	17501 O'HARA DR	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE FL	<input type="checkbox"/> Remove
		33948	
MGR	Ross, Stephen M. MD. PH.D.	17501 O'HARA DR	<input type="checkbox"/> Add
		PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Remove
MGRM	DAVID A. COURSON RTMS,	12462 Krome Ave	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE FL 33981	<input type="checkbox"/> Remove
MGRM	James F Renn RT	23119 August Ave	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE FL 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated December 26, 2012.

David Courson RT, MS.

Signature of a member or authorized representative of a member

DAVID A. COURSON RT, MS.

Typed or printed name of signee

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Filing Fee: \$25.00