

LD9000037050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

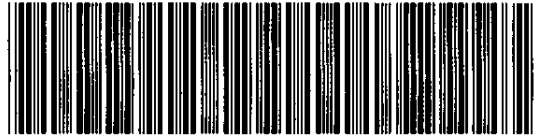
LD9-37050

(Document Number)

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10 MAR 12 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Advanced Group Imaging Consultants, PLLC  
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:

Stephen Eagles, MD, CEO  
Name of Person

Medical Advanced Group Imaging Consultants, PLLC  
Firm/Company

21666 Abington CT  
Address

Boca Raton, FL 33428  
City/State and Zip Code

stephen.eigles@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Eagles at ( 410 ) 5046513  
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

March 3, 2010

STEOHEN EIGLES, MD, CEO -  
21666 ABINGTON COURT  
BOCA RATON, FL 33428

SUBJECT: MEDICAL ADVANCED GROUP IMAGING CONSULTANTS, PLLC  
Ref. Number: L09000037050

We have received your document for MEDICAL ADVANCED GROUP IMAGING CONSULTANTS, PLLC. 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 your document, along with 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 310A00005213

**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: Medical Adv. Group Imaging Consultants, PLLC

2. (a) Principal office address of limited liability company: 21666 Abington CT

(Note: **MUST BE STREET ADDRESS**) Boca Raton, FL 33428

(b) Mailing address of limited liability company: same as above

(Note: **MAY BE POST OFFICE BOX**)

4/19/09

3. Date of filing/registration in Florida

L09000037050

4. Document number

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

Registered Agent: Law Offices of Nick Spradlin, LLC

Registered Office Address: 12000 N Dale Mabry Hwy  
Suite 110  
Tampa, FL 33618

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

**NEW Registered Agent:** Stephen Eagles, CEO

**NEW Registered Office Address:** 21666 Abington CT

**(MUST BE FLORIDA STREET ADDRESS)** Boca Raton, FL 33428

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.

Stephen Eagles, CEO  
Signature of a member or authorized representative of a member

Stephen Eagles, CEO

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.

Stephen Eagles, CEO  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00