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# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: Inte		t and Radiology Service	s, LLC	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Jany Peters		
		Name of Person		
		Firm/Company		
14025 Riveredge Drive, Suite 550				
	,	fampa, Florida 33637		
City/State and Zip Code				
	ir	peters@presgar.com		
	E-mail address: (	to be used for future annual report notification	ation)	
For further information	concerning this matter, please c	call:		
	Jany Peters	at ( 813 ) 6	75-2417	
		·····		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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

Integrated Management and Radiology Services "LLC"

( <u>Name of the Limited Li</u> (A F	ability Company as it now a lorida Limited Liability Comp	<b>ppears on our records.</b> ) any)		
The Articles of Organization for this Limited Liab Florida document number		12/8/2009	and assig	gned
. This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability compan	y here:		
Integrated Manag	gement and Radiology	Services, LLC		
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability C	Company," the designatio	n "LLC" or the ab	breviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, ento	10 SE	the new
Name of New Registered Agent:				
New Registered Office Address:			29 SSE V	
		Enter Florida street d	address 🛨	The second
		, Florida	SEA C	الت
•	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	<del></del>		Add Remove		
•			Add		
·			Add Remove		
	<del></del>		Add Remove		
			Add Remove		
<del></del>			Add Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)			
<u></u>					
  Dated	,		<del></del>		
	Man Signature of a membe	er or authorized representative of a member	mlen		
	Alan Typed	Sternberg, Manager I or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00