

LC10 0000 07544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

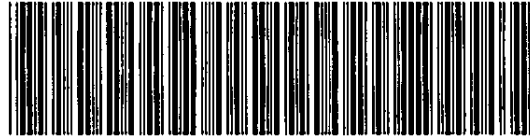
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800283209528

04/25/16--01029--014 **25.00

FILED
16 APR 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partners Imaging Center of Charlotte, 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:

Mitchell Geisler

Name of Person

Partners Imaging Center of Charlotte, LLC

Firm/Company

#2494-848 N. Rainbow Blvd.

Address

Las Vegas, NV, 89107

City/State and Zip Code

mitch@medimagingcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Geisler at (647) 288-1508
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

**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: Partners Imaging Center of Charlotte, LLC

2. (a) 4161 Tamiami Trail, Suite 2014 (b) #2494-848 N. Rainbow Blvd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Port Charlotte, FL 33952

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Las Vegas, NV 89107

January 21, 2010

L10000007544

3. Date of filing/registration in Florida

4. Document number

5. (a) Harrell Donald, J

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1776 Ringling BLVD.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Sarasota, FL 34236

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

REGISTERED AGENTS INC.

NEW Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Tampa, FL 33607

16 APR 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mitchell Geisler

Printed or typed name of signer

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 605, 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

Bill Havre/Assistant Secretary

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

FILING FEE: \$25.00