

1/26/2015 10:36:28 From: To: 8506176083

(1/3)

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 478-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
ADVANCED DIGITAL ANATOMIC PATHOLOGY TECHNOLOGIES,
PL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 JAN 26 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
 15 JAN 26 AM 9:39
 SECRETARY
 TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

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1/26/2015 10:36:28 From: To: 0506176383

(2/3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED DIGITAL ANATOMIC PATHOLOGY TECHNOLOGIES, 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:

Name of Person

CT Corporation System

Firm/Company

1200 South Pine Island Road

Address

Plantation FL 33324

City/State and Zip Code

CT-Statecommunications@wolterskluwer.com

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

For further information concerning this matter, please call:

CT Corporation System

954

473-5503

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

INHS18 (2/14)

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SECRETARY OF STATE

1/26/2015 10:36:28 From: To: 8506176383

(3/3)

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: ADVANCED DIGITAL ANATOMIC PATHOLOGY TECHNOLOGIES, PLLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
24 Tidewater way
Savannah GA 31411
03/02/2010

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
24 Tidewater way
Savannah GA 31411
L10000023346

3. Date of filing/registration in Florida 4. Document number

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

DRAZEN JUKIC, MD, PHD

Registered Office Address: ~~MUST BE FLORIDA STREET ADDRESS~~

15837 DAWSON RIDGE DR

Tampa

FL 33647

(b) C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

FL 33324

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 of a member or authorized representative of a member

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.

C T Corporation System

Signature of Registered Agent

Vice President

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

INHS18 (2/14)

PL013 - 01 04/2014 03/15/15 03/15/15

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