

**L10000060006**

**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 : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

Email Address: Documents@incorp.com

RECEIVED

15 JUN -3 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -3 AM 11:16

**LLC REGISTERED AGENT CHANGE  
INMED DIAGNOSTIC SERVICES OF CENTRAL FLORIDA,  
LLC**

Certificate of Status	0
Certified Copy	0
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JUN 4 2015  
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08:52:47 a.m. 06-03-2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: InMed Diagnostic Services of Central Florida, 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:

Sara Brautigam

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle - Suite 400

Address

Henderson, NV 89074-7739

City/State and Zip Code

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

For further information concerning this matter, please call:

InCorp Services, Inc.

Name of Person

at ( 702 ) 866-2500 ext. 4757

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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# 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: InMed Diagnostic Services of Central Florida, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

1503 West Oak St  
Kissimmee, FL 34741

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1503 West Oak St.  
Kissimmee, FL 34741

3. 06/04/2010 Date of filing/registration in Florida

4. L10000060006 Document number

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

1503 West Oak Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Kissimmee, FL 34741

(b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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.

✓ H. Lebron Lackey, Jr.  
Signature of a member or authorized representative of a member

H. Lebron Lackey, Jr.  
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 of Registered Agent on behalf of InCorp Services, Inc.

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

INHS12 (2/14)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA