

L11000025364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

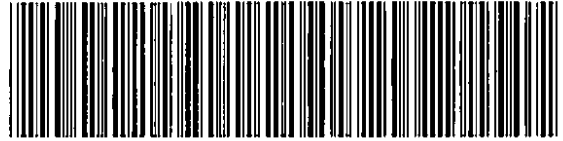
(Business Entity Name)

(Document Number)

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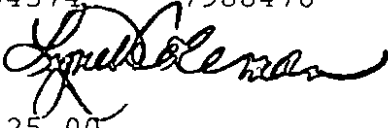


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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 294574 7988476
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : July 11, 2018

ORDER TIME : 2:35 PM

ORDER NO. : 294574-005

CUSTOMER NO: 7988476

CHANGE OF AGENT

NAME: INTERVENTIONAL RADIOLOGY
ASSOCIATES OF TAMPA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interventional Radiology Associates of Tampa, 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:

Lauren Carton

Name of Person

Radiology Partners, Inc.

Firm/Company

2101 E. El Segundo Blvd., Suite 401

Address

El Segundo, CA 90245

City/State and Zip Code

lauren.carton@radpartners.com

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

For further information concerning this matter, please call:

Lauren Carton, Paralegal at (424) 220-8905
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: Interventional Radiology Associates of Tampa, LLC

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

2700 University Square Drive,

Tampa, FL

33612

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

2700 University Square Drive,

Tampa, FL 33612

3. March 1, 2011 Date of filing/registration in Florida

4. L11000025364 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

One Independent Drive, Suite 1300

Jacksonville, FL 32202

(b) Corporation Service Company
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Abraham J. Bronner, M.D.

Signature of member or authorized representative of a member

Abraham J. Bronner, M.D., CEO of Radiology Associates of
Printed or typed name of signer Tampa, P.A.

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.

Roxanne Turner

Signature of Registered Agent Corporation Service Company BY:

Roxanne Turner
Asst. Vice President