#L12000135573

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

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LLC REGISTERED AGENT CHANGE
IMPRESSION IMAGING LLC

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

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COVER LETTER

H 12000083835

TO: Registration Section
Division of Corporations

SUBJECT: IMPRESSION IMAGING, 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:

HAROLD E. KAPLAN, ESQ.
Name of Person

HAROLD E.KAPLAN, MHA, JD
Firm/Company

1515 UNIVERSITY DRIVE, SUITE 201
Address

CORAL SPRINGS, FL 33071
City/State and Zip Code

ZFAGIEN@JAZZIZ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAROLD E. KAPLAN at (954) 345-6338
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 (5/05)

H 12000083835

H 12000083835

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: IMPRESSION IMAGING, LLC

2. (a) Principal office address of limited liability company: 7180 N. UNIVERSITY DRIVE
TAMARAC, FL 33321

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: IMPRESSION IMAGING, LLC
7180 N. UNIVERSITY DRIVE
TAMARAC, FL 33321

(Note: MAY BE POST OFFICE BOX)

01/27/12
3. Date of filing/registration in Florida

L12000013573
4. Document number

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

Registered Agent: DAVID CLAYMAN

Registered Office Address: IMPRESSION IMAGING, LLC
7180 N. UNIVERSITY DRIVE
TAMARAC, FL 33321

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TALLAHASSEE FLORIDA

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

NEW Registered Agent: HAROLD E. KAPLAN, ESQ.

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
HAROLD E. KAPLAN, MHA, JD
1515 UNIVERSITY DRIVE, STE. 201
CORAL SPRINGS, FL 33071

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

Michael Fagien, M.D., Manager
Printed or typed name of signee

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.

Harold E. Kaplan
Signature of Registered Agent

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

INHS18 (05/08)

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