

L17000 126042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

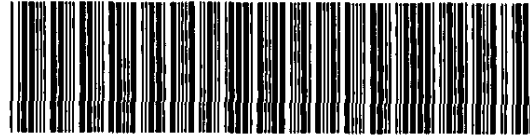
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 15 AM 11:06
TALLAHASSEE, FLORIDA

J. Shivers OCT 16 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NeuroRad Testing Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Gliniecki

Name of Person

NeuroRad Testing Services, LLC

Firm/Company

301 Yamato Rd, STE 1100

Address

Boca Raton, FL 33431

City/State and Zip Code

egliniecki@dxtesting.com

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

For further information concerning this matter, please call:

Eric Gliniecki

Name of Person

at **855 200-8262**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

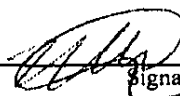
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	M&R Healthcare Advisors LLC	301 Yamato Rd Ste 1100	☐ Add
		Boca Raton, FL 33431	☒ Remove
		301 Yamato Rd Ste 1100	
MGRM	NeuroRad Diagnostic Centers, LLC	Boca Raton, FL 33431	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

MAILED
OCT 15 2009
FBI - MIAMI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 10, 2013.



Signature of a member or authorized representative of a member
Mitch Rubin

Typed or printed name of signee

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Filing Fee: \$25.00

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE