

L13000128575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

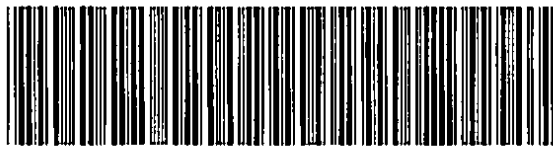
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/08/20--01028--026 \*\*25.00

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O SIMMONS

JUN 24 2020



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: June 3, 2020

Order#: 309055/020

Re: ST. VINCENT'S OUTPATIENT IMAGING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn:Matthew Ermak  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

# 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: St. Vincent's Outpatient Imaging, LLC

2. (a) St. Vincent's Outpatient Imaging, LLC (b) St. Vincent's Outpatient Imaging, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

6138 KENNERLY RD SUITE 101

Jacksonville, FL 32216

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6138 KENNERLY RD SUITE 101

Jacksonville, FL 32216

September 11, 2013

3. Date of filing/registration in Florida

L13000128575

4. Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

6138 KENNERLY RD SUITE 101

Jacksonville, FL 32216

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

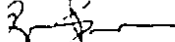
1201 Hays Street

**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.

DocuSigned by:

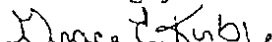


Ryan Brown, Secretary

Signature of a member or authorized representative of a member

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 605, F.S. Or, if this document is being filed merely to 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 Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

7570 JUL-08 PM 2:28

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(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6138 KENNERLY RD SUITE 101

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Jacksonville, FL 32216

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September 11, 2013

L13000128575

3. Date of filing/registration in Florida

4. Document number

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Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

6138 KENNERLY RD SUITE 101

Jacksonville, FL 32216

(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.

DocuSigned by:



Ryan Brown, Secretary

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 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.

Grace E. Kirby  
Signature of Registered Agent

BY: Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2023 JUN - 8 PM 2:28