L13000138169

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SEGRETARY OF STATE

B. BOSTICK
DEC 23 2014
EXAMINER

COVER LETTER

TO: Registration Sec Division of Cori		gar st eeth as			
	MEDICAL CENTER L	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	JOHANN PURUNCA	AJAS			
		Name of Person			
	APA TAX & FINANC	CIAL SERVICES LLC			
		Firm/Company			
	6900 S ORANGE B	LOSSOM TRAIL, SUITE 40	0 \$. ~-	
		Address		=	
	ORLANDO, FL. 328	09	11	2014 DEC 22	
		City/State and Zip Code		-	П
	JOHANN@APAFINA			ή Ū	
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)	D II II	\ <u></u>
JOHANN PURUNC	CAJAS	407 259-2626			
Name of	Person		Telephone Number		
Enclosed is a check for th	e 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 Certificate o Certified Co (additional cop	of Status & opy	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMAGING MEDICAL CENTER LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L13000138169 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. 1016 CYPRESS PARKW Enter new principal offices address, if applicable: KISSIMMEE, FL. 34759 (Principal office address MUST BE A STREET ADDRESS) 1016 CYPRESS PARKWA Enter new mailing address, if applicable: KISSIMMEE, FL. 34759 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Title	<u>Name</u>	Address Type of	<u>f Action</u>
MGRM	SANDRA L MOLANO	804 EMMETT ST, SUITE A	Add
		KISSIMMEE, FL 34741 ✓	 Remove
AR	Johann Puruncajas	6900 S Orange Blossom tri ste 400	Add
		Orlando, FL 32809	Remove
			Add
		SECRETARY	Remove
<u></u>		P UP TATE HO	Add
			Remove
			Add
			Remove
			Add
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). If ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. ,
ated	Occo 6 ER 21 20/4
	· Luke Holis
	Signature of a member or authorized representative of a member
	SANDRA L MOLANO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2014

SANDRA L. MOLANO 804 EMMETT STREET SUITE A KISSIMMEE, FL 34741

SUBJECT: IMAGING MEDICAL CENTER LLC

Ref. Number: L13000138169

2014 DEC 22 P 4: 40: 3E ORE TARY OF STATE

We have received your document for IMAGING MEDICAL CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00022947



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

SANDRA L. MOLAND 1016 CPYRESS PARKWAY KISSIMMEE, FL 34759

SUBJECT: IMAGING MEDICAL CENTER LLC

Ref. Number: L13000138169

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00024619

Letter Number: 514A00024619

TORETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

JOHANN PURUNCAJAS IMAGING MEDICAL CENTER LLC 6900 S. ORANGE BLOSSOM TRAIL, SUITE 400 ORLANDO, FL 32809

SUBJECT: IMAGING MEDICAL CENTER LLC

Ref. Number: L13000138169

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations

Letter Number: 914A00025855

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00025855

DEC 22 P 4: 40