

L13 000138169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

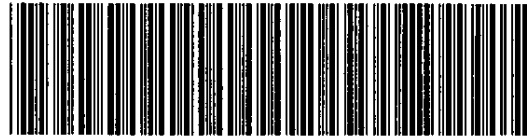
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 23 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMAGING MEDICAL CENTER 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:

JOHANN PURUNCAJAS

Name of Person

APA TAX & FINANCIAL SERVICES LLC

Firm/Company

6900 S ORANGE BLOSSOM TRAIL, SUITE 400

Address

ORLANDO, FL. 32809

City/State and Zip Code

JOHANN@APAFINANCIAL.COM

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

For further information concerning this matter, please call:

JOHANN PURUNCAJAS

at (407) 259-2626

Name of Person

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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TALLAHASSEE, FLORIDA

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IMAGING MEDICAL CENTER LLC

Page 1 of 3

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

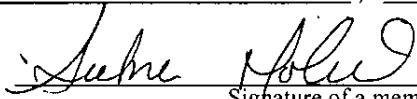
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANDRA L MOLANO	804 EMMETT ST, SUITE A	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
AR	Johann Puruncajas	6900 S Orange Blossom trl ste 400	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 21, 2014



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

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TALLAHASSEE, FLORIDA



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Letter Number: 514A00024619

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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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

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