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>-4℃ // cc \_: - Cou \*\*Enter the email address for this business entity to be used for future

to be used for the common and address please.\*\*

Address: Skeaten@pradiology.com

- TAT 1792

## LLC REGISTERED AGENT CHANGE FLEX TELERAD, LLC

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K. SALY

## 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.

l. Na:	me of the limited liability company: Flex Telerad, I.L.	.C.		
), (a)		(b	)	
. (47.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ņ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	629-A E Hillsboro Blvd Street		629-A E II	illsboro Blyd Street
	Deerfield Beach, FL 33441		Deerfield B	cach, FL 33441
	1/13/2014		L140000098	53
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number
	Sieve Crumbaugh			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	:
				202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	
	1395 Brickell Avenue, Suite 800			また 子
	Miami, FI	L_33131		THE HE OS
(b)	C T Corporation System			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	03 100 100 100 100 100 100 100 100 100 1
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	1207 30441			
	Plantation, F	L 33324		
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the of the regi liability co	stered office ompany, it is nited liabilit	s and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
	Park 18 Company		hel O'Connor	r. Manager
	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer notifie By:	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered affice address, and in writing of this change.  C.T. Corporation System	ie perjorn ded for in I hereby c	t in this cup rance of my Chaptër 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	ne of Registered Agent Sean L Emerick, Assistant Secreta	ary		

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