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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RADIOLOGY ASSOCIATES OF BRADENTON, PLLC**

\_\_\_\_\_  
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:

Christopher M. Kelly

\_\_\_\_\_  
Name of Person

Accountants and Business Advisors

\_\_\_\_\_  
Firm/Company

2631-A NW 41st Street

\_\_\_\_\_  
Address

Gainesville, FL 32606

\_\_\_\_\_  
City/State and Zip Code

jrcoif@yahoo.com OR kdjohnston460@gmail.com

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

For further information concerning this matter, please call:

Chris Kelly

561 236 - 0156  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## RADIOLOGY ASSOCIATES OF BRADENTON, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Kimberly Johnston	213 Gaines Avenue	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Megan Chatham	5915 Riverview Blvd	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

PURPOSE: Practice of medicine; more specifically, radiology and diagnostic imaging services

**E. Effective date, if other than the date of filing: N/A - Date of filing (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 7

2016

Signature of a member or authorized representative of a member

James R. Chatham, Jr., MD

Typed or printed name of signee

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