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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
IMAGING PARTNERS OF FLORIDA LLC**

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JAN 17 2020

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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: Imaging Partners of Florida, LLC

2. (a) <u>Principal office address of limited liability company</u> (Note: <u>MUST BE STREET ADDRESS</u>)	(b) <u>Mailing address of limited liability company</u> (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>8300 West Sunrise Blvd.</u>	<u>8300 West Sunrise Blvd.</u>
<u>Plantation, FL, US, 33322</u>	<u>Plantation, FL, US, 33322</u>
<u>06/06/2016</u>	<u>L16000109479</u>

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

LEGALINC CORPORATE SERVICES INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Oh, Tacho
NEW Registered Office Address
3110 Royal Palm Blvd Suite 100
Coral Springs, FL 33065

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.

Rohit Navani

Rohit Navani

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Tasho Oh

Signature of Registered Agent

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850-617-6381 1/16/2020 9:56:30 AM PAGE 1/001 Fax Server



January 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IMAGING PARTNERS OF FLORIDA LLC
5667 CORAL GATE BLVD
MARGATE, FL 33063US

SUBJECT: IMAGING PARTNERS OF FLORIDA LLC
REF: L16000109479

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Octavia L Simmons FAX Aud. #: H20000016490
Regulatory Specialist II Supervisor Letter Number: 120A00001212

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