

L170000 892 30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

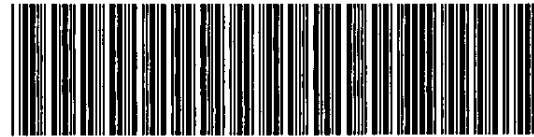
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 02 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER RADIOLOGIC IMAGING CONSULTANTS, 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:

JEFFREY S. HERSH, ESQ.

Name of Person

JEFFREY S. HERSH, P.A.

Firm/Company

1666 KENNEDY CAUSEWAY, SUITE 412

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

JHERSH@HERSHLW.NET

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

For further information concerning this matter, please call:

JEFFREY S. HERSH

305

866-1110

at (_____) _____

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

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>
MGR	MELVIN SCHWARTZ	1666 KENNEDY CSWY, #412	☐ Add
		NORTH BAY VILLAGE, FL33141	☒ Remove
			☐ Change
AMBR	JERI ALLEN	1666 KENNEDY CAUSEWAY	☒ Add
		SUITE 412	☐ Remove
		NORTH BAY VILLAGE, FL33141	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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CONFIRMATION

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

N/A

E. Effective date, if other than the date of filing: APRIL 21, 2017 (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 APRIL 24, 2017


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JERI ALLEN

Typed or printed name of signee

17 APR 28 PM 2:15

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DIVISION OF OPERATIONS