## M01000002387

(Requestor's Name)
(Address)
(Address)
, and a second s
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



600042224976

PILED

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 AH 10:

2004 DEC - 1 PM 12: 16 REC-1 AH 10:

2004 DEC - 1 AH 10:

2004

Office Use Only



ACCOUNT NO. : 072100000032

REFERENCE :

942413 7400713

AUTHORIZATION (

COST LIMIT :

ORDER DATE: October 26, 2004

ORDER TIME : 10:17 AM

ORDER NO. : 942413-025

CUSTOMER NO: 7400713

CUSTOMER: Mr. Rudder Pearce

Pds Heart, Inc.

Suite 110

1801 Centrepark Drive East West Palm Beach, FL 33401

CHANGE OF AGENT

NAME:

PHYSICIAN DIAGNOSTIC SERVICES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: PHYSICIAN DIAGNOSTIC SER	VICES, LLC
2. The mailing address of the limited liability company is: 1801 Centrepark	
West Palm Beach, FL 33401	
October 23, 2001 M01000002387	
3. Date of filing/registration in Florida 4. Document num	ber
5. The name of the registered agent and the registered office address as shown or Florida Department of State:	the records of the
Sean Heyniger	
Name	E3
1801 Centrepark Dr., E. Suite 110	
Address	PE TO A
West Palm Beach, FL 33401	15 B
City, State and Zip	
6. The name and address of the new registered agent and/or office:	2004 DEC - 1 PM 12: 16 2014 DEC - 1 PM 12: 16 2014 DEC - 1 PM 12: 16
o. The name and address of the new registered agent and or office.	50000000000000000000000000000000000000
Corporation Service Company	- ES 5
Name	8 6
1201 Hays Street	92
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	
City, State and Zip	
City, State and Lip	
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the artithe operating agreement of the limited liability company.	f the registered office f a Florida limited by an affirmative vote of
(Signature of a member or authorized representative of a member)	**
Gragos A. Marsh	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered as Chapter 608, E.S. Or, if this document is being filed to merely reflect a change is address, I be feby combine that the limited liability company has been notified in	acity. I further agree to formance of my duties, zent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Marva L. Williams, Asst Vice President	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**