

11 JAN -3 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

JAN - 4 2011

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMed Diagnostic Services of Southwest Florida, 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:

Jany Peters

Name of Person

Firm/Company

14025 Riveredge Drive, Suite 550

Address

Tampa, Florida 33637

City/State and Zip Code

jpeters@presgar.com

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

For further information concerning this matter, please call:

Jany Peters

Name of Person

at (813)

675-2417

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2010

JANY PETERS
14025 RIVEREDGE DRIVE, STE. 550
TAMPA, FL 33637

SUBJECT: IMED DIAGNOSTIC SERVICES OF SOUTHWEST FLORIDA, LLC
Ref. Number: M04000000665

We have received your document for IMED DIAGNOSTIC SERVICES OF SOUTHWEST FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 410A00027863

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IMed Diagnostic Services of Southwest Florida, LLC.
2. This entity was formed under the laws of: Delaware.
3. This entity was authorized to transact business in Florida on 2/19/2004
and its Florida document/registration number is M04000000665.
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Alan Sternberg
8903 Glades Road, Suite B-1
Boca Raton, Florida 33434

MGRM

Arnold Needleman, M.D.
3845 St. James Way
Boca Raton, Florida 33434

MGRM

NAPOCA Ventures, LLC
8903 Glades Road, Suite B-1
Boca Raton, Florida 33434

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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