HOHODOOCOUL		
(Requestor's Name) (Address)		
(Address)	300187266503	
City/State/Zip/Phone #)		
	11/29/1001061001 **25.00	
(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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	LORIDA	



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## COVER LETTER

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TO: Registration Section				
SUBJECT: IMed Diagnostic Services of Southeast Florida, LLC				
		ted Liability Company	<u></u>	
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
·	<b></b>	Jany Peters		
-		Name of Person		
	<b>181</b> 18 11 1	Firm/Company	<u> </u>	
		Firm/Company		
	14025	Riveredge Drive, Suite 550	)	
		Address		
	T	ampa, Florida 33637	<u>.</u>	
		City/State and Zip Code		
-	E-mail address: (1	Deters@presgar.com to be used for future annual report notif	ication)	
For further information concerning this matter, please call:				
	y Peters	at (813_)	675-2417	
Name of Pe	erson	Area Code & Daytim	e Telephone Number	
Enclosed is a check for the f	following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	<ul> <li>\$60.00 Filing Fee, Certificate of Status &amp;</li> <li>Certified Copy (additional copy is enclosed)</li> </ul>	
Registration Division of P.O. Box	of Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations	

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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 SOUTHEAST FLORIDA, LLC Ref. Number: M04000000666

We have received your document for IMED DIAGNOSTIC SERVICES OF SOUTHEAST 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: 310A00027863

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## 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: <u>IMed Diagnostic Services of Southeast Florida, LLC</u>.

This entity was formed under the laws of: \_\_\_\_\_ Delaware
 This entity was authorized to transact business in Florida on \_\_\_\_\_ 2/19/2004 and its Florida document/registration number is \_\_\_\_\_ M0400000666

4. The name and address of each manager or managing member is as follows:

<u>Title:</u> "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	
	rling Manay Munica Managing Member or Member Free: \$25	
Filing Fee: \$25		

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