

MO4 000004586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

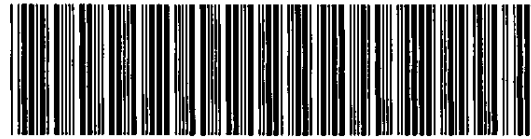
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE  
JUL -3 2012  
EXAMINER

2012 JUN 29 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2012

BRAD BROWN  
14690 SPRING HILL DR. STE 101  
SPRING HILL, FL 34609

SUBJECT: SPRING HILL IMAGING, LLC  
Ref. Number: M04000004586

We have received your document for SPRING HILL IMAGING, LLC and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 712A00017028

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spring Hill Imaging, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad Brown  
Name of Person  
Access Management CO.  
Firm/Company  
14690 Spring Hill Dr. Ste 101  
Address  
Spring Hill, FL 34609  
City/State and Zip Code  
Legal department e accesshealthcazeilc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Brown at (352) 799-0046  
Name of Person Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: Spring Hill Imaging, LLC
2. This entity was formed under the laws of: Florida
3. This entity was authorized to transact business in Florida on 10/25/2004  
and its Florida document/registration number is 04000004586
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Access Healthcare Physicians, LLC  
14610 Spring Hill Dr. Ste 101  
Spring Hill, FL 34609

MGR

John M. Franck II  
One Park Plaza  
Nashville, TN 37203

MGR

David W. Stinnett  
One Park Plaza  
Nashville, TN 37203

MGR

Samuel N. Hazen  
One Park Plaza  
Nashville, TN 37203

Required Signature: Kab CFO

Signature of Manager, Managing Member or Member

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25