

M07000005758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

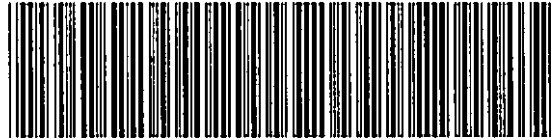
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 30 2018

05/01/18--01004--007 **25.00

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2018 JUN 18 P 12:25
Filing Office / Election

6/18/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

PHILLIP W PATTON
7531 GREEN MOUNTAIN WAY
WINTER GARDEN, FL 34787

SUBJECT: LBT DIAGNOSTIC RADIATION PHYSICIS CONSULTING, LLC
Ref. Number: M07000005758

We have received your document for LBT DIAGNOSTIC RADIATION PHYSICIS CONSULTING, 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):

Certificate must not contain LTD. since you're changing the name to LBT DIAGNOSTIC RADIATION PHYSICS CONSULTING, LLC.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00011673

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2018 JUN 18 PM 3:08
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE

2018 JUN 18 PM 12:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LBT Diagnostic Radiation Phycsis Consulting, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip W Patton

Name of Person

LBT Diagnostic Radiation Phycsis Consulting, LLC

Firm/Company

7531 Green Mountain Way

Address

Winter Garden, Florida 34787

City/State and Zip Code

pwpatton@LBTradPhysics.com

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

For further information concerning this matter, please call:

Phillip W Patton

Name of Person

at (702) 336-3004

Area Code & 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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

FILED
20 JUN 18 PM 2:25

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LBT Diagnostic Radiation Phycsis Consulting, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000005758

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 9/24/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

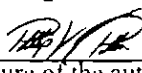
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Two managers (Joseph Howley and Michael Childress) need to be changed to only members.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Joseph Howley</u>	<u>25505 High Hampton Circle</u>	<input type="checkbox"/> Add
		<u>Sorrento, Florida 32776</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Joseph Howley</u>	<u>25505 High Hampton Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Sorrento, Florida 32776</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Childress</u>	<u>120 Reynolds Street</u>	<input type="checkbox"/> Add
		<u>Augusta, Georgia 30901</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Michael Childress</u>	<u>120 Reynolds Street</u>	<input checked="" type="checkbox"/> Add
		<u>Augusta, Georgia 30901</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Phillip W Patton
Typed or printed name of signee

Filing Fee: \$25.00

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20 JUN 18 PM 12:25

I no longer want to correct the misspelling in our Florida business name. Apparently, it is too difficult to change "Physcis" to "Physics". I only want to change the status of the manager members. I need to change Michael Childress and Joseph Howley to members only. I need this completed and have lost business because I am unable to be classified as Veteran Owned until the changes that are listed on the additional paperwork are complete. Please just make those changes.

A handwritten signature in black ink, appearing to read "Phillip W. Patton".

Phillip W Patton, PhD CHP DABR

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JUN 18 PM 2:25
U.S. DEPT. OF JUSTICE