7/6/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000176966 3)))



H170901769663/JBCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Tp:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911

Fax Number : (904)396-0663

**Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please.

Email Address:_

FILED



LLC REGISTERED AGENT CHANGE SUNCOAST OPEN MRI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

- RUCE

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	lame of the limited liability company: Suncoast Open	MRI,	LLC				
	Principal office address of limited liability company: (Note: MUST BB STRBET ADDRESS) 511 East 23 Street						
	Panama City, FL 32402	_ 					
	July 22, 1998		M980006	000793			
3.	Date of filing/registration in Florida	4.		Document numb	cr		
5. (a	Registered Agent and Registered Office shown on the records of the Vicki L Meadors Registered Office Address (MUST BE FLORIDA STREET A 1301 Riverplace Blvd, Suite 1500 Jacksonville , FL	32207	S)		SECRE ARY OF SERVING A	2017 JUL -6 A 9: 49	FILED
the chagent washy the ar Sign I her provide to me notifically.	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the matter of a member or authorized representative of a member of a strategy representative of a member stone of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I have of Registered Agent.	vs of the the regability of the lulinited	e State of Fistered officompany, it nited liabil llability cotter O. Hol	Florida, it is hereby ce and the business is hereby confirmed ty company or as empany. liday, III	ed that the otherwis	he change provid	gistered ge(s) led in

Division of Corporations • P.O. Box 6327 • Tullaharsee, FL 32314 FILING FEE: \$25.00