

P01000040839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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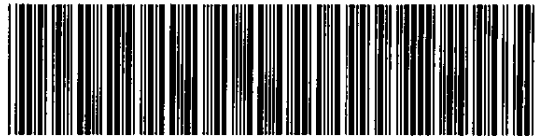
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TB

JAN 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Radiology Consultants, P.A.
Name of Corporation

DOCUMENT NUMBER: P01000040839

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANNY HALVATZIS
Name of Contact Person

Florida Radiology Consultants, PA
Firm/Company

2726 Swamp Cabbage Court
Address

Fort Myers, FL 33901
City/State and Zip Code

Accog@flrad.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Halvatzis, CTO at (239) 938-3500
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2009

DANNY HALVATZIS
FLORIDA RADIOLOGY CONSULTANTS, P.A.
2726 SWAMP CABBAGE CT
FORT MYERS, FL 33901

SUBJECT: FLORIDA RADIOLOGY CONSULTANTS, P.A.
Ref. Number: P01000040839

We have received your document for FLORIDA RADIOLOGY CONSULTANTS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 009A00038646

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Radiology Consultants, P.A.
2. The principal office address: 2726 Swamp Cabbage Court, Fort Myers, FL 33901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/23/01 Document number: P01000040839

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rock, Andrew R

401 East Jackson Street, Suite 2500

Tampa, FL 33602 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Walker, Gary

202 South Rome Avenue, Suite 100

P.O. Box NOT acceptable

Tampa, FL 33606 US

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas Presbrey MD

Signature of an officer or director

Thomas Presbrey, MD President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gary Walker

Signature of Registered Agent

1/11/10

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314