

PO1000085272

(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



400312560984

FILED  
18 APR 30 AM 9:48  
STATE OF FLORIDA  
TALLAHASSEE

2018 APR 30 PM 4:17  
RICHY

R. WHITE

MAY 01 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 187251 7988476

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : April 30, 2018

ORDER TIME : 3:36 PM

ORDER NO. : 187251-005

CUSTOMER NO: 7988476

CHANGE OF AGENT

NAME: RADIOLOGY ASSOCIATES OF TAMPA,  
P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Radiology Associates of Tampa, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P01000085272

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:

Lauren Carton

Name of Contact Person

Radiology Partners, Inc.

Firm/Company

2101 E. El Segundo Blvd., Suite 401

Address

El Segundo, CA 90401

City/State and Zip Code

paralegal@radpartners.com

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

For further information concerning this matter, please call:

Lauren Carton

424

220-8905

at ( )

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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Radiology Associates of Tampa, P.A.
2. The principal office address: 2700 University Square Drive, Tampa, FL 33612
3. The mailing address (if different): 2101 E. El Segundo Blvd., Suite 401, EL Segundo, CA 90245
4. Date of incorporation/qualification: August 28, 2001 Document number: P01000085272

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)

Bharat Patel, M.D.

2700 University Square Dr.

Tampa

FL 33612

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

DocuSigned by:

Abraham J. Bronner, M.D.

Signature of an officer or director

Abraham J. Bronner, M.D.

CEO & Treasurer

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.

Corporation Service Company

By: Emily Croft

Signature of Registered Agent

04-30-2018

Date

If signing on behalf of an entity:

Emily Croft

Asst. Vice President

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

CR2E045 (03/12)

FILED  
18 APR 30 AM 9:48  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE