P03000023892

Office Use Only



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11/10/15--01007--007 **25.00

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November 16, 2015

Jed Berman Infantino and Berman P.O. Drawer 30 Winter Park, FL 32790

SUBJECT: OSCEOLA RADIOLOGY ASSOCIATES, P.A.

Ref. Number: P03000023892

We have received your document for OSCEOLA RADIOLOGY ASSOCIATES, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Letter Number: 015A00024153

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

Osceola Radiology Associates, P.A.

P03000023892

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:

Jed Berman

Name of Contact Person

Infantino and Berman

Firm/Company

180 S. Knowles Ave., Suite 7

Winter Park, Florida 32789

City/State and Zip Code

iberman@infantinoberman.com

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

For further information concerning this matter, please call:

Jed Berman

Name of Contact Person

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Osceola Radiology Associates, P.A.
2. The principal	office address: 9350 Turkey Lake Road, Orlando, FL 32819
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 2-27-03 Document number: P03000023892
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	David L. Schick
	CNL Center II, 7th FI, 420 S. Orange Avenue
	Orlando, Florida 32801
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Jed Berman
	180 S. Knowles Ave, Suite 7
	P.O. Box NOT acceptable
	Winter Park, Florida 32789
The street addr	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signal	TOBERT A POSNIAL MA, MILECTOR Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I thay the oprporation has been notified in writing of this change.
Sii	II/19/2015 Snature of Registered Agent Date
	ehalf of an entity:
ار.	led Berman

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

Typed or Printed Name