

P03000107668

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2015

TELEPHONE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL RADIOLOGY CONSULTANTS, PA

Name of Corporation

DOCUMENT NUMBER: P03000107668

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:

DEANNA LAND

Name of Contact Person

NATIONAL RADIOLOGY CONSULTANTS, PA

Firm/Company

2540 GREEN FOREST LANE #101

Address

LUTZ, FLORIDA 33558

City/State and Zip Code

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

For further information concerning this matter, please call:

DEANNA LAND

Name of Contact Person

at (813)

920-5200 EXT 100

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

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.

- TAMPA, FL 33647

- LUTZ, EL 33558

P.O. Box NOT acceptable

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.

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Signature of an officer or director

JAMES OKOH, MD PRESIDENT/CEO

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.

3/2/2015

Signature of Registered Agent

Date _____

If signing on behalf of an entity:

Typed or Printed Name

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA