

PA3 000 107668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

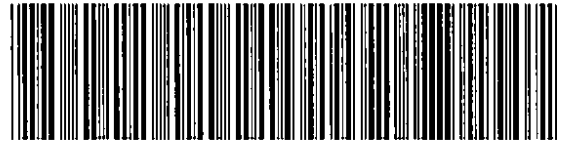
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Registered Agent Change of Address
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:

James Okoh

Name of Contact Person
National Radiology Consultants, PA

Firm/Company
10006 Cross Creek Blvd #144

Address
Tampa, FL 33647

City/State and Zip Code
locator03@yahoo.com

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

For further information concerning this matter, please call:

James Okoh

_____ at (813) 777-1609
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: NATIONAL RADIOLOGY CONSULTANTS, PA
2. The principal office address: 10006 Cross Creek Blvd #144 TAMPA, FL 33647

3. The mailing address (if different): 10006 Cross Creek Blvd #144 TAMPA, FL 33647

4. Date of incorporation/qualification: 9/26/2003 Document number: P03000107668

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)

JAMES OKOH

9203 PINE ISLAND CT

TAMPA FL 33647

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

James Okoh

10006 Cross Creek Blvd #144 TAMPA, FL 33647

P.O. Box NOT acceptable

TAMPA, FL 33647

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.

James Okoh

Signature of an officer or director

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.



6/17/2020

Signature of Registered Agent

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
CR2E045 (0-4/13)