

PD4000097333

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TALLAHASSEE, FLORIDA
10 MAY 20 AM 9:06

RA/RO/CHG
@ 5/21/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fawcett Medical Imaging, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000097333

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:

Elizabeth D. Shaw, Esq.
Name of Contact Person

Reznicek, Fraser, Hastings, White & Shaffer, P.A.
Firm/Company

4230 Pablo Professional Ct., Ste. 200
Address

Jacksonville, FL 32224
City/State and Zip Code

Julie@radbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth D. Shaw, Esq. at (904) 567-1060
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: Fawcett Medical Imaging, P.A.
2. The principal office address: 21298 Olean Boulevard, Port Charlotte, Florida 33949
3. The mailing address (if different): c/o RBS, 2325 Stonebridge Drive, Flint, Michigan 48532

4. Date of incorporation/qualification: 06/25/2004 Document number: P04000097333

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)

Barry Weiss, M.D.

124 Harbor

Palm Harbor, Florida 34683

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

Ramanan Venkat, M.D.

17525 Ohara Drive

P.O. Box NOT acceptable

Port Charlotte, Florida 33958

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.

Vinbata

Signature of an officer or director

Ramanan Venkat, VP & Secretary

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.

Vinbata

Signature of Registered Agent

06/10/04

Date

If signing on behalf of an entity:

Ramanan Venkat

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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