Plotopasisi

	(Requestor's Name)					
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PICK-U	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell

tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/294

Re: TAMPA BAY RADIOLOGY ASSOCIATES, P.A.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a co r to change its registered	orporation organi d office or registe	2, 607.1508, or 617.1508, ized under the laws of the red agent, or both, in the	State of FL		
1. The name of t	the corporation: TAMPA	BAY RADIOLOG	SY ASSOCIATES, P.A.			
	office address:		ition, FL 33322			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 04	4/01/2010	Document number:	P1000002878	37	
	street address of the cur tment of State: (If resign		gent and registered office d)	on file with the	3	
	MARCUS, JILLIAN					
	7700 West Sunrise Bou	ulevard				
	Plantation, FL 33322				1	
6. The name and (if changed):	I street address of the nev	w registered agen	t (if changed) and /or reg	istered office	五 3	100 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)
	Corporation Service Co	ompany		<u>.</u> 	77. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
	1201 Hays Street			Č		
		P.O. Box NOT	ecceptable		F 1-3	
	Tallahassee		FL 32301	. 7,		
The street addre	ess of its registered office be identical.	e and the street a	ddress of the business o	ffice of its regi	stered agen	ıt,
Y		on duly adopted ion has been not	by its board of directors fied in writing of the ch	or by an office ange.	r so	
Xee.	. E. Wilner		Jill Cilmi, Vice Presiden	t		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	re of an officer or director the appointment as regi. to comply with the provi. my duties, and I am fam is document is being file that the corpoxation has n Service Company	s been noujiea in	Printed or typed agree to act in this cape tes relative to the proper cept the obligation of m to ta change in the regist writing of this change.		gistered lress, I	
By: Lina	ce Cokubi	2	05/25/2017			
	nature of Registered Agent		Date	•		
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
T	ped 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